Advanced Ankle and Foot Centers of Florida, Inc.
David B. Raynor, DPM, PA

All patients with Medicare insurance must please read and sign (agree to) the financial agreement as well as the Medicare Lifetime Authorization below as per office policy.

FINANCIAL POLICY/AGREEMENT
MEDICARE

For patients with Medicare, Dr. Raynor participates in traditional Medicare and accepts Medicare assignment. This means we participate in Medicare and adhere to their fee schedule. Medicare pays 80% of Medicare assignment. **You are responsible for the 20% coinsurance as well as any part of the annual deductible which may apply. If you are enrolled in a Medicare Advantage plan, the required copayment/coinsurance is due at the time of service without exception.** Dr. Raynor participates in BCBSPPO and Aetna PPO/HMO Medicare Advantage plans only. Any other Medicare Advantage PPO plan may have a higher copay for out of network services. If you have a secondary insurance plan, we will submit the claim to your insurance carrier as a courtesy to you if Medicare has not done so already. However, it is ultimately your responsibility to ensure payment is made for the service(s) rendered. In addition, you are responsible for any noncovered services of which you will be notified in advance, prior to receiving the service. If you need to arrange a reasonable payment plan, then please notify our office to make the appropriate arrangements. Any account, which is not paid in a timely manner, is subject to our collection procedures. We accept cash, check, or Mastercard/VISA/Discover for payment. There is a minimum fee of $20.00 for any returned check.

Patient Signature **Date**

MEDICARE LIFETIME AUTHORIZATION

"I certify that the information given by me in applying for payment under the **TITLE XVIII** of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for the physician services to the physician furnishing the services."

Patient signature **Date**

NOTICE OF RECEIPT OF PRIVACY PRACTICES

I have received (or been given the opportunity to receive/read) a copy of our office privacy practices. A complete copy is available in the front office/waiting room for all to read.

Patient Signature **Date**

490 Pleasant Grove Road, Inverness, FL 34452 * (352) 726-FOOT (3668) * Fax (352) 726-1003

Advanced Ankle and Foot Centers of Florida, Inc.
David B. Raynor, DPM, PA

Please carefully read and sign (agree to) the financial agreement below as per our office policy. Please inquire before your visit if you have any questions about this policy.

FINANCIAL POLICY/AGREEMENT
BLUE CROSS/BLUE SHIELD PPO SUBSCRIBERS

Dr. Raynor participates in the BC/BS Preferred Provider (PPO) Network. He does NOT participate in the managed care/HealthOptions/BlueCare HMO or EPO plans for BC/BS. It is your responsibility to be familiar with your insurance plan and their guidelines regarding coverage for podiatry services. Your insurance plan is a contract between you and your carrier. Our office will submit an insurance claim as a courtesy on your behalf. As a participating provider for BC/BS PPO networks, we adhere to their contracted allowable fee schedule. **You are responsible for any applicable deductible, coinsurance, and/or copayment which are due at the time of service please.** Dr. Raynor is considered a specialist, so please check your plan benefits regarding your coverage for specialist services. We will submit an insurance claim to BC/BS for the services provided by Dr. Raynor. However, it is ultimately your responsibility to ensure that payment is made for service(s). If there is any remaining balance or any noncovered service, we will send you a statement after receiving the explanation of benefits (EOB) from BC/BS. Payment for any remaining balance is due when you receive a statement from our office. If there is any overpayment or refund due to you, this will be forwarded to you or applied to subsequent visits. If you need to arrange a reasonable payment plan, then please notify the office billing coordinator to make the appropriate arrangements. Any account which is not paid in a timely manner is subject to our collection procedures, which may result in damage due to your credit rating. We accept **Cash, Check, MasterCard/Visa/Discover** for payment. There is a minimum fee of $20.00 for any returned checks, and you will no longer be able to pay with personal checks in this office. I hereby authorize the release of any medical or other information necessary to process this claim and request payment for services be made to David B. Raynor, DPM, PA, on my behalf.

Patient Signature **Date**

NOTICE OF RECEIPT OF PRIVACY PRACTICES

I have received (or been given the opportunity to receive/read) a copy of our office privacy practices. A complete copy is available in the front office/waiting room for all to read.

Patient Signature **Date**

490 Pleasant Grove Road, Inverness, FL 34452 * (352) 726-FOOT (3668) * Fax (352) 726-1003

ADVANCED ANKLE AND FOOT CENTERS OF FLORIDA
David B. Raynor, DPM, PA

Please carefully read and sign (agree to) the financial agreement below as per our office policy. Please inquire before your visit if you have any questions about this policy.

FINANCIAL POLICY/AGREEMENT
AETNA PPO/HMO

Dr. Raynor participates in the AETNA PPO and HMO networks. It is your responsibility to be familiar with your insurance plan and their guidelines regarding coverage for podiatry services. Your insurance plan is a contract between you and your carrier. Our office will submit an insurance claim as a courtesy on your behalf.

As a participating provider for this network, we adhere to their contracted allowable fee schedule. **You are responsible for any applicable deductible, coinsurance, and/or copayment, which are due at the time of service please. Dr. Raynor is considered a specialist, so please check your plan benefits regarding your coverage for specialist services, as the in-network deductible will apply.** We will submit an insurance claim to your carrier for the services provided by Dr. Raynor. However, it is ultimately your responsibility to ensure that payment is made for service(s). If there is any remaining balance or any noncovered service, we will send you a statement after receiving the explanation of benefits (EOB). Payment for any remaining balance is due when you receive a statement from our office. If there is any overpayment or refund due to you, this will be forwarded to you or applied to subsequent visits. If you need to arrange a reasonable payment plan, then please notify the office billing coordinator to make the appropriate arrangements. Any account which is not paid in a timely manner is subject to our collection procedures, which may result in damage due to your credit rating. We accept **Cash, Check, MasterCard/Visa/Discover** for payment. There is a minimum fee of $20.00 for any returned checks, and you will no longer be able to pay with personal checks in this office. I hereby authorize the release of any medical or other information necessary to process this claim and request payment for services be made to David B. Raynor, DPM, PA, on my behalf.

Patient Signature **Date**

NOTICE OF RECEIPT OF PRIVACY PRACTICES

I have received (or been given the opportunity to receive/read) a copy of our office privacy practices. A complete copy is available in the front office/waiting room for all to read.

Patient Signature **Date**

490 Pleasant Grove Road, Inverness, FL 34452 * (352) 726-FOOT (3668) * Fax (352) 726-1003

Advanced Ankle and Foot Centers of Florida
David B. Raynor, DPM

Please read and sign (agree to) the financial agreement below as per our office policy. Please inquire before your visit if you have any questions about this policy. Thank you for your assistance and understanding of our policy.

FINANCIAL POLICY/AGGREEMENT

NO INSURANCE/SELF PAY

For patients that do not have health insurance, PAYMENT IS DUE IN FULL at the time the services are rendered without exception, unless prior arrangements have been made in advance with the office manager.

Any account which is not paid in a timely manner is subject to our collection procedures, which may result in damage to your personal credit rating. We accept **cash, check, or credit/debit card (M/C, VISA, or Discover)**. There is a minimum fee of $20.00 for any returned checks, and you will no longer be able to pay with personal checks in this office.

Patient/Guarantor Signature **Date**

490 Pleasant Grove RD, Inverness, FL, 34452 * (352) 726-3668 (FOOT) * Fax (352) 726-1003