

## THOMPSON CUSTOM ORTHOTIC'S & PROSTHETIC'S ( FINANCIAL POLICY

The following information is provided for the convenience of the patient as well as for our office. We hope to provide you with a complete understanding of our financial policy.

**BANKCARDS** –We accept Visa, Mastercard, Discover and American Express. If you would like, we can send your receipt via email (without any credit card information).

**NO INSURANCE OR NON-COVERED ITEMS** – If you have no insurance or we are providing an item that is not covered by insurance, we require payment in full on date of delivery unless payment arrangements have been made in advance.

PATIENTS MAY BE RESPONSIBLE FOR ALL SALES TAX DUE, depending upon your insurance policy.

**INSURANCE COMPANY BILLING** – As a courtesy to our patients we will bill all of your insurance. However, it is the responsibility of the patient to supply us with the correct insurance information. Incorrect or delayed information may result in non-payment by insurance companies, since prior authorization is often required for services. If incorrect insurance information is provided, patients may be responsible for payment of items.

**ACCOUNT RESPONSIBILITY** – Many people are under the impression that if they have insurance, it is the insurance company that owes the provider for their services. This is not the case. The insurance contract is between the patient and the insurance company. Therefore, the patient is responsible for the charges incurred, regardless of insurance coverage.

Insurance companies use the term "usual and customary" when setting **fee limitations** on services. This term suggests, but does not necessarily reflect, the average fees charged by providers in the community. Please be aware that some insurance companies will pay a claim percentage based on **their** "usual and customary fees paid" and not our actual charges.