



Financial Policy

Thank you for choosing Restoration Foot & Ankle, PLLC, for your foot and ankle needs. Our primary concern is providing quality care to all our patients. If you have any questions regarding this financial policy or your account please contact the Billing Administrator at 918-274-1557.

Cash patients – payment is due at the time service is rendered, unless other arrangements have been made.

Insured patients – deductibles, co-payments and/or co-insurance amounts are due at the time of service.

We accept cash, check, Master Card and Visa for your convenience. Other payment arrangements may apply in specific circumstances and should be discussed with the Billing Administrator.

Returned checks will be charged \$35.00 and must be paid before additional services can be performed.

As a patient of Restoration Foot & Ankle, you are responsible for all authorizations/ referrals needed to seek treatment in this office.

We have made prior arrangements with certain insurance carriers and other health plans to accept assignment of benefits. We will bill those plans with which we have an agreement and will only require you to pay the copay/deductible/co-insurance at the time of service.

If you have insurance coverage with a plan we do not have a prior agreement with, we will prepare and send the claim for you on an unassigned basis. In the event your health plan determines services are 'not covered', or you do not have authorization, you will be responsible for the complete charge. Patients are encouraged to contact their plans for clarification of benefits prior to services rendered.

Customized devices, orthotics and/or durable medical equipment (DME) are non-refundable unless the device is found to be defective or other arrangements have been discussed. The physician may deem it medically necessary to make adjustments to a customized device for proper fit and function.

Patients with large balances of \$500 or more will be expected to make a minimum payment equal or greater than ¼ of the total amount due. The balance should be paid in full within four (4) months from the date of the agreement. Failure to comply will result in further collection activity to the account.

Patients with balances less than \$500 will be expected to make minimum payments equal or greater than 1/3 of the total amount due. The balance should be paid in full within three (3) months from the date of the agreement. Failure to comply will result in further collection activity to the account.

Delinquent accounts will be turned over to Credit Collections, Inc., for collection, and 25% of the account balance will be added to cover the collection fee. Accounts are considered delinquent if unpaid after 90 days. In the event your account is turned over to collections, you will be required to pay this outstanding balance in full prior to initiating additional treatment with the practice. Delinquent accounts are subject to dismissal from this medical practice.

All billing inquiries should be directed to 918-274-1557 Monday-Thursday from 8:15 am to 12:00 pm / 1:00 pm to 5:00 pm or Friday from 8:15 am to 1:00 pm