

# The Foot and Ankle Group, P.C.

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## APPOINTMENT REMINDER

Thank you for choosing The Foot and Ankle Group. When you arrive for your appointment, you will be asked for the following items:

- o Completed New Patient Paperwork (Please contact us if you have not received this paperwork.)
- o Current Health Plan Card and I.D.
- o Valid Credit Card (We accept all major credit cards, including Visa, MasterCard, Discover and American Express, along with HSA/FSA and debit cards.)

Should you have any questions regarding your care or your upcoming appointment, please contact us Monday through Friday, between the hours of 8:00 AM - 4:30 PM

The Foot and Ankle Group, PC has implemented a new billing policy with InstaMed, the leading Healthcare Payments Network. Now, we will securely save your credit or debit card on file to cover any balance due after your insurance benefits are applied. This policy will help you to simplify how you pay medical bills.

This new billing policy eliminates the hassle of writing out a paper check and mailing in a payment. We do all the work for you. Plus, you will not receive a paper statement in the mail. This eliminates the chance of your personal information being viewed or stolen by others.

Here's how it works:

Please bring your preferred payment method with you to your next office visit.

<p><b>What are the benefits of the new policy?</b></p>	<ul style="list-style-type: none"> <li>• <u>Security</u> – Because your card is saved on file, you will not receive an invoice in the mail and you will make fewer in office/over the phone transactions. This significantly reduces the risk of fraud.</li> <li>• <u>Convenience</u> – With a card securely saved on file, we process the payment for you automatically and send you the receipt via email. There is no need to write out a paper check or mail in a payment.</li> </ul>
<p><b>How much will I be charged?</b></p>	<p>The amount you will be charged will vary based on what is covered by your insurance company.</p>
<p><b>Will my credit or debit card be charged the right way?</b></p>	<p>No, you will not be charged when you leave your card on file, nor will any funds be 'held' on your card. Your card will not be charged until your responsibility has been determined by your health plan, which usually occurs approximately 7-30 days after your appointment. You will receive an email notification seven (7) days before your card is charged.</p>
<p><b>Is my credit or debit card information safe?</b></p>	<p>Our system is PCI Level One compliant, which is the highest level of security established by the Payment Card Industry Data Security Standard. Once your card is entered in the system, it will be encrypted and inaccessible to anyone who uses the system.</p>
<p><b>Are payment plans available?</b></p>	<p>Yes, one of the features of our new policy is that you can pay your bill in installments over a period of time. We can set up a payment plan for you today.</p>
<p><b>Will my credit or debit card be used for future appointments?</b></p>	<p>Your card will only be charged again if you opt-in for "Automatic Payments." This feature allows our office to collect new balances once they have been identified by your insurance. You will receive an email pre-notification seven (7) days before your card is charged.</p>

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## AUTHORIZATION FORM

The Foot and Ankle Group, PC  
Authorization for Credit Card

NOTE: When your credit card information is entered, it is encrypted and cannot be viewed or accessed by our organization. Our system is registered with Visa and MasterCard and independently certified as a PCI-DSS Level One Service Provider.

## AUTHORIZATION

Until further notice, I authorize The Foot and Ankle Group, PC to charge the patient responsibility balance on my account to the following credit card:

CIRCLE ONE: Visa MasterCard Discover AMEX

Last Four Digits of Credit Card Number: \_\_\_\_\_

Exp. Date (mm/yy): \_\_\_\_ / \_\_\_\_

I understand that once the health plan has paid their portion for my care I will receive an Explanation of Benefits (EOB). The health plan EOB will state any remaining balance to be paid by me. I agree that The Foot and Ankle Group, PC may charge my credit card the balance due upon receipt of the EOB. I also understand that The Foot and Ankle Group, PC may charge my credit card any open balance due as well, if they determine that a prior balance exists.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Patient Name (if different than above): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# UNDERSTAND YOUR HEALTHCARE RESPONSIBILITY

Let's face it – healthcare can be confusing. There are many different terms that make it difficult to understand what is covered by your insurer and what you are responsible to pay. Check out these definitions of four commonly used healthcare insurance terms from Healthcare.gov to better understand your healthcare responsibility.



## DEDUCTIBLE

The amount you pay for covered healthcare services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself.

After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

## CO-PAYMENT

A fixed amount (\$20, for example) you pay for a covered healthcare service after you've paid your deductible.

Let's say your health insurance plan's allowable cost for a doctor's office visit is \$100, and your copayment for a doctor visit is \$20.

- If you've paid your deductible: You pay \$20, usually at the time of the visit.
- If you haven't met your deductible: You pay \$100, the full allowable amount for the visit.

Co-payments (sometimes called "co-pays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

## COINSURANCE

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Let's say your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%.

- If you've paid your deductible: You pay 20% of \$100, or \$20. The insurance company pays the rest.
- If you haven't met your deductible: You pay the full allowed amount, \$100.

## OUT-OF-POCKET MAXIMUM/LIMIT

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you spend for services your plan doesn't cover.

