Teton Foot & Ankle Center
Michael K. James, DPM

3345 South Holmes Avenue
Idaho Falls, Idaho 83404
208-528-2858

Financial Policy

Thank you for choosing us as your Podiatric Provider. The purpose of this policy is to empower you by giving you a clear understanding of your financial responsibility with regard to any and all shared costs, co-pay amounts, deductibles, and any balance not paid by your insurance or employer plan.

Self-Pay
If you are uninsured, all fees are required at the time of service. We accept all major credit cards.

Insured
We will bill your insurance for you, but deductibles, co-payments and coinsurance are due at the time of service. All major credit cards are accepted for your convenience. Your insurance may pay more or less than we expect and you will be responsible for any remaining balance. If we have not had a response from your insurance company within 30 days (as required by state law), you will be sent a bill for the remaining balance. We request that you take an active role in getting your insurance company to pay your claim.

Insurance Denials/Surgery
As a safeguard, our facility will contact your insurance company to pre-authorize, pre-notify, and/or pre-certify any surgery(s) you may choose to have. This action is required by most insurance carriers but it does not result in a guarantee of payment. Please be advised that unless contractual arrangements affect your liability for payment, you are responsible for your bill. Your insurance company may claim that your recommended surgical procedures lack medical necessity, are investigational, or use another form of denial tactic. By signing this form, you agree that should your insurance company deny payment for services that you have chosen to have, you will take responsibility for all charges incurred.

Delinquent Accounts
You agree to pay cost and/or reasonable attorney's fees if any delinquent balance is placed with an agency or attorney for collection or suit. If it becomes necessary to collect an account by legal action, the responsible party will need to pay ALL fees involved.

Returned Checks
If payment by check is returned for Non-Sufficient Funds, you will be charged a $20.00 fee along with the total of the check to be paid in full.

Divorce
In case of a divorce, Dr. James is not party to the divorce settlement. If your ex-spouse is obligated to pay, that is up to you to enforce, not the doctor.

Missed Appointments
We would appreciate 24 hours notice for the cancellation of an appointment except in an emergency situation. After two missed appointments without 24 hours notice, you will be charged a $25.00 missed appointment fee.

Overpayments
Overpayments will be returned to the patient/guarantor after completion of all insurance billing.

Thank you for trusting us with your care. Please feel free to contact our office at 528-6225 with any questions you may have regarding financial responsibilities.

X_____Date_____
(Signature of Patient or Parent/Guardian)