



Joyce M. Senick, DPM
Russell Mongiovi, DPM

Parade Ground Village
3 Hemphill Place • Suite 111
Malta, New York 12020

Phone: (518) 899-3338

Fax: (518) 899-5025

www.maltafoot.com

FINANCIAL POLICY

Insurance Coverage

If I am covered by one of the following insurance providers:

Aetna
Blue Cross /Blue Shield
Blue Shield Northeastern NY
CDPHP (excluding Medicaid)
Empire Plan
Medicare
MVP / Cigna (excluding Medicaid)
United Healthcare (including Secure Horizons)

they may pay all or a part of the charges. If so, I agree to pay those charges that are not covered by or paid by that insurance provider. If I do not pay my bill, I agree to pay any collection costs.

A charge of 1.5% / month is charged to all patient balances not paid within 30 days.

Accounts over 90 days are referred to a collection agency

If your insurance provider is not listed above, your payment is due at the time services are provided. We accept cash, check, debit cards, Visa, MasterCard, Discover and American Express.

A statement will be provided for you to send to your insurance provider for reimbursement if you have out-of-network benefits and we will gladly submit claims to your insurance company on your behalf

Copayments

All co-pay payments are due at the time of service. A \$25 fee may be charged if not paid at time of service.

Returned Checks

For checks returned to us as unpaid by your bank, you will be charged a \$25.00 fee. Any legal fees that we incur to secure past due balances will be added to your account.

Missed Appointments

Please provide at least 24 hours notice of cancellation as a courtesy. Our policy is to charge \$50.00 for missed appointments without appropriate notice. Please help us to serve you better by keeping scheduled appointments.

Patient Forms

A \$10 fee is assessed for completion of any personal forms or duplication of records.

A \$0 patient balance is required prior to release of any patient forms.