



# Sports Occupational & Knee Surgery, P.A.

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## SPORTS OCCUPATIONAL AND KNEE SURGERY PA (SOCKS) FINANCIAL POLICY

We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

### ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered. This includes applicable deductible, coinsurance and copayments for participating insurance companies. SOCKS accepts cash, personal checks (in-state only), Discover, VISA, and MasterCard. There is a \$35.00 service charge for returned checks.

Patients with an outstanding balance 60 days or more overdue must pay balance in full or make arrangements for payment prior to scheduling appointments or being seen for additional visits.

If you are unable to pay your copay, deductible, outstanding balance or coinsurance at time of service we will ask you to reschedule your appointment. Exceptions may be made in the case of emergencies. Emergencies are rare and will be determined on a case by case basis.

**INSURANCE:** We bill participating insurance companies. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

You are responsible for providing additional information your insurance requires before payment, such as accident details, previous medical records, etc. Failure to provide information in a timely manner will forfeit your insurance benefits and balance becomes patient responsibility.

If you need assistance or have questions, please contact **The Billing Coordinator between 8:30 a.m. and 4:45 p.m., Monday through Friday at 210-696-9090.**

**MANAGED CARE:** If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral to our office before seeing the doctor. You cannot choose to pay out of pocket if you have an HMO policy and do not have a referral.

**MISSED APPOINTMENTS/LATE CANCELLATIONS:** Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the **SOCKS** Financial Policy. I also understand that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Signature of insured or authorized representative: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Printed Patient Name \_\_\_\_\_