

**Southern Nevada Foot & Ankle Centers**  
**3131 W. Charleston Blvd. Suite 110 Las Vegas Nevada 89102**  
**Phone: 702-878-5252 Fax: 702-878-1963**

**Financial Policy**

We are committed to providing you with the best possible care. **We must emphasize that as medical care providers, our relationship is with you, not your insurance company. Your insurance is a contract between you, your employer and the insurance company, we are not party to that contract.** All charges are your responsibility from the date of service rendered. We realized that insurance companies need processing time; however, all charges will become due and payable if the insurance company does not reimburse **Southern Nevada Foot & Ankle Centers** within 90 days or within the guidelines mandated by the NV state Board Bill #SB145. **INITIALS: \_\_\_\_\_**

Please familiarize yourself with your insurance policy and its requirements. Many companies require a referral from the primary care physician. **We will attempt to obtain these as a courtesy; however, the policy holder must be pro-active in assuring the requirements are met prior to the visit.**

If you have medical insurance, with whom we are contracted, we will bill your insurance company. All deductibles, co-payments and non-covered items are due at the time of check-in. **INITIALS: \_\_\_\_\_**

**Collection Fees Policy:** Patient name: \_\_\_\_\_.  
I, \_\_\_\_\_ (parent /guardian name), hereby agree to be financially responsible for all charges incurred regardless of insurance coverage. In the event my account is referred to a collection service due to lack of payment on my part, I agree to pay all collection / legal fees that may be added to my account.

\_\_\_\_\_  
Signature of patient, parent / guardian

\_\_\_\_\_  
Date

**Returned Checks:** A \$35 non-sufficient funds fee will be charges for checks initially returned unpaid by your bank. We repost and forward all returned checks to Clark County District Attorney's office. **INITIALS: \_\_\_\_\_**

**No Show Fees:** There is a \$25 no-show/late-cancellation fee. All appointments must be cancelled by 3 p.m. of the previous day. Insurance will not cover charges for no-show/late-cancellation. **INITIALS: \_\_\_\_\_**