TIERNEY ORTHOTICS & PROSTHETICS

PATIENT INFORMATION

Commercial Insurance Payment Policy

Diabetic Shoes & Inserts

Thank you for choosing Tierney Orthotics & Prosthetics. Some commercial insurance plans have repeatedly provided inaccurate benefit information or have communication issues that make coverage verification unusually difficult and time-consuming. Because we may be unable to determine your exact financial responsibility before services are provided, the payment policy below applies to patients covered by these identified plans.

PAYMENT REQUIREMENT	**Payment in full is required at the time your diabetic shoes and inserts are provided.**

What Happens After Delivery

1	**We file the claim.** Tierney Orthotics & Prosthetics will submit the claim to your insurance company after your diabetic shoes and inserts are provided.
2	**Your insurance processes the claim.** We will wait for the insurance payment and Explanation of Benefits (EOB).
3	**We review the final patient responsibility.** Any deductible, copayment, coinsurance, noncovered amount, or other patient responsibility shown by the insurance plan will be applied.
4	**We issue any refund due.** If your payment was more than the final amount you owe, Tierney will refund the overpayment after the insurance payment and EOB are received and reviewed.

Important Information

If the insurance company denies the claim, determines that the service is not covered, or assigns the full amount to patient responsibility, the payment collected will remain applied to the balance due. Filing a claim does not guarantee that the insurance company will make a payment.

Patient Acknowledgment

I acknowledge that I have read and understand this payment policy. I understand that payment in full is required when my diabetic shoes and inserts are provided, that Tierney Orthotics & Prosthetics will submit a claim to my insurance company, and that any refund due will be determined only after Tierney receives and reviews the insurance payment and EOB.

Patient Name _____ **Date** _____

Signature _____

Questions about this policy should be directed to Tierney Orthotics & Prosthetics before your delivery appointment.