



Clinic location:
1001 S 70th St
Suite 100
Lincoln, NE 68510

Sylvia Trotter, DPM
www.YourActiveFeet.com
Fax: 844-515-5148

Mailing address:
PO Box 67035
Lincoln, NE 68506
Phone: 402-423-0762

Financial Policy

Insurance: We emphasize that our relationship is with you, not the insurance company.

You are responsible for providing all insurance information and establishing the proper sequencing of primary and secondary coverage (coordination of benefits). It is often necessary for you to inquire about your benefits with your insurance carrier. You are encouraged to review your policy and contact your insurance company with any questions prior to your visit. If we are a participating provider with your insurance, we will submit the charges for you. If we do not, you may be asked to pay the self-pay fees. If your plan requires referrals to see specialists, such as an HMO, we will make an effort to obtain the referral ahead of time. **But ultimately it is your responsibility to make certain a referral is in place prior to making an appointment.**

Self-Pay: If you have no insurance coverage, new patients will be asked to pay in full at the time of service.

Copayments: All copayments must be paid at the time of service.

Non-Covered Services: Some of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You are responsible for payment of these services. If the service is not covered due to lack of referral, that will also be your financial responsibility.

Patient billing: You will receive a statement showing your financial responsibility once your insurance company has processed the claim. Payment in full is expected when you receive your statements. Payments are accepted by mail, over the phone, or online by going to our website at www.YourActiveFeet.com. If you are unable to pay your balance in full, call us to set up a payment plan. Payment arrangements may be allowed on a case by case basis.

Returned checks: An additional \$30.00 will be assessed for returned checks.

No Show Policy: After the **first** no-show, you will receive a phone call to remind you of the missed appointment and to reschedule your appointment. After the **second** no-show, you will be charged \$50 for the time slot we were not able to fill when you were a no-show. The payment of this fee must be made prior to scheduling another appointment and is not billable to insurance. On the **third** no-show, the physician may choose to disengage you from the practice. A **24-hour notice is required** for cancellation of appointments. Exceptions may be made for extenuating circumstances.

Late Appointments: We work to respect your time and ask that you do the same. Patients arriving 15 or more minutes late for their appointment will be rescheduled unless the provider has available time to see the patient.