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DR. ALAN W. PITTLE
DR. CHARLES I. PITTLE

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We want you to receive the very best care possible and be totally satisfied with our service. To do this, your podiatrists will gladly discuss your proposed treatment and answer any questions you have. Our friendly and experienced staff will also be happy to answer questions regarding your account. Upon your request, we will provide you with a written estimate of our fees for your planned procedure or course of treatment.

Here are some important points to remember regarding your care through this office:

1. To keep medical care and billing costs down, payment is due at the time of service unless approved in advance **IN WRITING** by our financial counselor.
2. We are contract providers for Medicare and most private insurance plans. In those cases, we have agreed to accept their determination of fees for covered services. You will still be responsible for the payment of deductibles, co-payments and non-covered services. These payments are due at the time of service. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.
3. Not all services are a "covered" benefit in all insurance policies. Your policy is a contract between you and your insurance company. We are not a party to that contract. Although we will call to verify benefits and coverage, we cannot determine the benefits of your insurance policy. Verification of benefits is not a guarantee of payment. Medicare and some insurance companies select certain services they will not cover. Payment for these services is the responsibility of you, the patient. We strongly encourage you to carefully read your insurance policy so that you will know the conditions and circumstances of the coverage that is available to you.
4. We will accept assignment of your insurance benefits and we will bill the carrier (s) directly. Accepting assignment means your insurance company should send us the bulk of the payment for your treatment and that you, the patient, pay us directly for the deductibles, co-payments and non-covered services and fees. When the insurance company does pay us, you will be responsible for any remaining balance or we will refund you any overpayment (s) you have made.
Our accepting assignment does not relieve you of your personal responsibility for the prompt payment of the total bill. If your insurance does not completely or promptly pay, you are responsible for paying the remaining balance immediately upon receipt of a bill.
5. Balances will be placed on a billing cycle. After three cycles or 60 days, unpaid balances will be referred to a collection agency.
6. Our staff can answer many questions over the phone and when necessary our podiatrists are happy to call you back at a convenient break. However, telephone calls used in lieu of an office visit will be billed accordingly.
7. You may be charged for appointments broken or cancelled without 24 hours advance notice. Surgical appointments broken or cancelled without 48 hours advance notice will be subject to a surgical set up fee. These fees are not covered by your insurance carrier.
8. Request for non-customary assistance such as special billing, rebilling, completion of forms and special reports are not included in our fees and will be billed separately. Charts are part of your permanent medical records in our office. Copies can be provided upon advance notice and payment of duplicating costs. X-rays can be released to the patient upon completion of a release form.
9. If your diagnosis or treatment involves others; such as hospitals or laboratories, you will be billed by these entities separately. You are responsible for payment of their bills. You should make your own financial arrangements with these care providers.
10. Any exceptions to this agreement must be in writing and signed by your podiatrists.

I / We authorize the podiatrist (s) and staff of Dr. Alan W. Pittle, Podiatrist, P.C. to treat the patient named on this form and agree to pay all fees and charges for such treatment. I / We agree to pay all charges for myself or members of my family per the terms of this agreement. Charges shown on billing statements are agreed to be correct and reasonable unless disputed in writing within 30 days.

Name of patient

Signature of patient/guardian

Date