

Southern Ohio Foot and Ankle Associates
John F. Boyle, D.P.M.
1130 Western Avenue
Chillicothe, OH 45601
740-775-7800

Self-Pay Patient Policy

Dear Patient,

Thank you for considering Southern Ohio Foot and Ankle Associates for your health care needs. Each and every patient is important to us regardless of economic or insurance status.

It is our mission to continue providing you with quality medical care. To avoid having you, our patient, absorb the ever increasing expenses of overhead and billing cost, we have instituted the following policy regarding our patients without insurance coverage.

A minimum payment of \$75.00 is expected at the time of service, this can be paid by cash, check, debit or credit card. Payment arrangements can be made for any amounts exceeding the initial \$75.00 at the time of your office-visit. Remaining charges must be paid within the following 180 days.

Fees for elective surgical procedures are dependent upon the nature and complexity of the procedure, as well as the location. It is our policy to collect 50% of the surgical fee prior to your procedure day. The remainder of the charges may be paid over the following 90days.

Thank you for trusting us with your health card needs. We appreciate the opportunity to serve you and your family.

_____ Date _____
Patient's or Responsible Part's signature