



*Medicine and Surgery of the Foot and Ankle*

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### **DEDUCTIBLE VERIFICATION SHEET**

\_\_\_\_\_ Dr. Hoy's office has verified my insurance deductible balance as \$\_\_\_\_\_.  
This is the amount that must be paid out-of-pocket before the insurance kicks in.

\_\_\_\_\_ A deductible payment applies today for \_\_\_\_\_ the whole visit/ \_\_\_\_\_ only certain procedures.

\_\_\_\_\_ When a patient has a deductible, Dr. Hoy's office collects an estimated amount in office at the time of service. This is a deposit. An estimated amount is not a final amount. The final allowed amount is determined by the insurance company, and Dr. Hoy's office does not know that amount until the claim is processed.

\_\_\_\_\_ To be able to go back to see the doctor, the office will need to collect a deposit beforehand of \_\_\_\_\_ \$75 for new patients/ \_\_\_\_\_ \$25 for established patients.

\_\_\_\_\_ An estimated cost of the entire service minus the deposit paid above will be collected at the end of the visit. This is an estimated cost deposit and usually lower than the insurance allowed amount.

\_\_\_\_\_ I consent to paying at the time of service an estimated cost for the entire service, including from a credit card on file.

\_\_\_\_\_ The insurance allowed amount is the amount the insurance will subtract from the deductible balance and is the final amount to be charged for my services. I will receive a bill from Dr. Hoy's office if the allowed amount is higher than the estimate I paid. I will be eligible for a refund if the allowed amount is lower than the estimate. This is only after the claim has been processed and all appeals have been processed.

I have read and understood the above and have had my questions satisfactorily answered. At this point, I wish to:

\_\_\_\_\_ Continue with my appointment/ \_\_\_\_\_ Cancel my appointment

Signed: \_\_\_\_\_ Date: \_\_\_\_\_