

Center for Orthopedic Surgery Patient Payment Policy

Thank you for choosing our practice! We are committed to providing you with quality and affordable health care. Some of our patients have had questions regarding patient and insurance responsibility for services rendered; we have developed this financial policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most insurance plans. We will bill your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and coverage.

Claims Submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. **Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.** Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are NOT a party to that contract. If your insurance company does not pay in full within 90 days- the balance becomes your responsibility.

Referrals. If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. **If you are unable to obtain the referral at that time, you will be rescheduled.** If you choose to keep the scheduled appointment without a referral, you will be responsible for full charges to be paid that day and to also sign a waiver.

Co-payments and Deductible. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered Services. Please be aware that some- and perhaps all- of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of Insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. We need your assistance in providing us with accurate insurance information. In the absence of accurate information, claims are rejected. All balances due to inaccurate patient information are the patient's responsibility.

Coverage Changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Methods of Payments. We accept payment by cash, check, VISA, MasterCard, American Express and Discover.

Patient Statements. Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month. A \$15 late fee or \$3 statement fee may be applied.

Nonpayment. If your account is 60 days past due, you will receive a letter from us stating you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency, if this is to occur, you will not be able to be seen in the office until your balance is paid in full and all charges for future visits will be collected upfront. Until the balance is paid in full, our physicians will only be able to treat you on an emergency basis for a previously treated injury or problem. If your account is sent to collections- you may be responsible for collection fees incurred.

Returned Checks. There is a fee of \$25 for any checks returned by the bank.

Divorce: In case of divorce or separation, the party responsible for the account is the parent authorizing treatment for a child. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Worker's Compensation. We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Personal Injury. If you are being treated as part of a personal injury lawsuit or claim, we require verification of an open claim prior to your initial visit. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Missed Appointments. Our policy is twenty four hours notice on an appointment change. We understand emergencies arise. If an emergency keeps you from keeping your appointment, please contact us as soon as you know you will not be able to keep the scheduled appointment. Please help us to serve you better by keeping your regularly scheduled appointments.

Medical Records Copies. You will need to request in writing, and pay a reasonable copying fee.

Surgery. If your physician recommends surgery, your surgery will be scheduled by his medical assistant. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

In certain circumstances the medical assistant may request a pre-surgical deposit, the amount of which depends on your coverage and/or deductible amount. At that time the medical assistant will explain a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan.

Welcome To Our Practice

Our practice is committed to provide the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have questions or concerns.

Financial responsibility depends on a variety of factors, explained below.

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance	Payment of the patient responsibility for all office visits, x-ray, injection, and other charges at the time of office visit.	Call your insurance company ahead of time to determine deductibles and coinsurance. File an insurance claim as a courtesy to you.
HMO & PPO plans with which we have a contract	<u>If the services you receive are covered by the plan:</u> All applicable co-pays and deductibles are requested at the time of the office visit. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine co-pays, deductibles, and non-covered services for you. File an insurance claim on your behalf.
HMO & PPO plans with which we are <u>not contracted.</u>	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Medicare	Any services not covered by Medicare are requested at the time of the visit. <u>If you have Medicare as primary, and secondary coverage:</u> No payment is due upfront unless it is determined that your secondary coverage will not pick up your co-pay or deductible in full. You will be required to pay the difference.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	<u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit. <u>If we are not able to verify your claim</u> Payment in full is requested at the time of the visit.	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
Worker's Compensation (Out of State)	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.
Master Medical	Payment in full is required for office visits and injections. Master medical will issue a check to you directly. If Master Medical is your primary insurance and you have secondary coverage. You must supply us with your explanation of benefits from Master Medical before we are able to submit your secondary claim.	File the claim on your behalf, as well as any claims to your secondary insurance.
Health Saving Accounts/ High Deductible Plans	Your insurance company will be billed... Payment in full is requested at the time of the visit.	Call your insurance company ahead of time to determine deductibles and coinsurance and to verify if you have enough funds in your health savings account to cover charges. Work with you to settle your account. Please ask to speak with our staff if you need assistance