

## **OUR FINANCIAL POLICY**

Thank you for choosing our office as your healthcare provider! We are committed to providing you with the highest quality of care in the specialized field of Orthopaedics. Please understand that we consider the payment of your bill as part of your treatment. We believe this policy is an important part of our professional relationship and expect cooperation from you for any charges accrued to your account. If you have any questions or concerns regarding this policy or our fee schedule, please do not hesitate to contact our accounts department to discuss your concerns.

### **UCR (Usual & Customary Rates)/PRIVATE INSURANCES**

Our providers and our entire staff are committed to providing the best treatment possible for our patients. We feel that our charges are that of a reasonable amount for specialization of our practice in this local area. Please understand that you will be responsible for payment of any visits that you may have at this office. If you do have insurance through your employer, a spouse, or a parent, please understand that we will gladly submit the charges to your insurance company on your behalf. If your insurance company makes a payment to us and you are due a refund, this office will issue a refund check to you. If your insurance company indicates their UCR, this is a number picked by them and doesn't necessarily reflect the UCR recognized by the physician.

If we are contracted with your insurance company and our providers are classified as participating providers; we have agreed to accept that insurance's managed care fee schedule. We encourage you to check with your insurance company prior to your visit to inquire if we are on your plan, and to ask them any questions you have regarding coverage and/or benefits.

\*If we are not a provider for your insurance, our policy is to collect the full amount on your service date. Again, if our office receives payment from your insurance company, we will gladly reimburse you.

\*If we are a participating provider for your insurance and you are required to pay your co-pay only, we will collect that at the time of your visit.

\*If you require surgical procedures, financial arrangements may be discussed for each individual patient.

**PLEASE REMEMBER THAT INSURANCE IS A CONTRACT BETWEEN YOURSELF AND YOUR INSURANCE COMPANY; OUR OFFICE CANNOT GUARANTEE COVERAGE, BENEFITS OR PAYMENT FROM THEM.**

If you have any questions regarding these issues, please refer to the 800 number on the back of your I.D. card. You are ultimately responsible for timely payment of any amount not covered or denied by your insurance company.

### **SELF-PAY PATIENTS**

***Payment will be collected IN FULL at the time of your service.*** In the case of surgery, a payment plan is available in advance. Extensive procedures and surgeries REQUIRE HALF of the total amount due BEFORE any services are provided.

### **COLLECTIONS CRITERIA**

If you have insurance, we will submit the claim in a timely manner. Once we receive an Explanation of Benefits from your insurance company, your account will then be placed in a 0-30 day range. You have 30 days to pay your responsibility in full. *In the event that we have not received an EOB from your insurance within 30 days, the charges become your responsibility, regardless of the nature of service.* It will be your responsibility to contact your insurance company and address why non-payment was made. Our office follows up on each claim that is sent and refiles when deemed necessary. We will NOT change or falsify any CPT or diagnosis code so that insurance will cover your visit or procedure. We will only submit correct and accurate medical information evaluated by the doctor. PLEASE DO NOT ASK US TO CHANGE ANY CODES.

**AFTER 60 DAYS, IF WE DO NOT HEAR FROM YOUR INSURANCE OR A BALANCE HAS NOT BEEN PAID ON YOUR ACCOUNT, YOUR ACCOUNT MIGHT BE FORWARDED FOR COLLECTION ACTIVITY.**