

CENTER FOR ADVANCED ORTHOPAEDICS PRACTICE FINANCIAL POLICY

1. Insurance co-payments are due at the time of service.
2. If your insurance requires a referral, it is your responsibility to ensure the office has received it prior to the scheduled appointment.
3. It is your responsibility to ensure that our physicians are in your network.
4. You are ultimately responsible for payment of charges for the service you receive in our office.
5. In accordance with your insurance guidelines, it is your responsibility to provide accurate insurance information and to present your ID card at the time of service. If you do not have your insurance card and we cannot verify your insurance, you will be asked to sign an "advanced beneficiary notice" as a condition of service.
6. All deductibles, co-insurance, or non-covered services are to be paid at the time of service.
7. Payment of co-insurance and/or unmet deductibles are required prior to scheduled procedures.
8. Payment is due upon your billing statement for all patient responsible balances; hospital and office rendered services. Unpaid previous balances must be paid in full prior to any additional visits unless specific arrangements have been made with our Business Office. Billing statements may be delayed until your insurance company responds to all claims. This delay does not alter our policy of patient financial responsibility.
9. Accounts more than ninety (90) days old are subject to be transferred to an outside collection agency. The patient is responsible for all fees related to a collection agency, such as collection expense, legal fees, and court costs.
10. Center For Advanced Orthopaedics, PC complies with applicable Federal civil right's laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
11. Center For Advanced Orthopaedics, PC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
12. A minimum fee of thirty-five dollars (\$35.00) will be assessed to your account for checks that do not clear or cannot be cashed.
13. There is a fee for patient administrative services such as forms completion and requests for a copy of your medical records. A fee of twenty-five (\$25.00) is charged for letters, disability forms, other patient forms, and medical records. Payment is due prior to the completion of paperwork/forms. In the event other administrative services are required, any associated fee will be disclosed to you prior to completion of the service.

By my signature below, I acknowledge that I have read, understand, and accept the terms of this Financial Policy.

Signature(Patient, Guardian, Legal Rep) Relationship to Patient Date

Print Patient Name

Date of Birth