

Financial Policy

Welcome

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bill is considered part of your overall treatment. In order to keep your cost of healthcare to an absolute minimum, we have adopted the following policies.

Fees and Payments

Fees are standardized and are based on the complexity of your visit or procedure. Payment of co-payments and any outstanding balance is required at the time of service. We accept cash, personal checks, money orders, Visa or MasterCard. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that services are rendered. In order for us to file a claim, you must present a current copy of your insurance card at each visit and communicate any changes in your personal contact information.

Most insurance policies specify that some of the cost of the patient's care is the patient's responsibility. This can be accomplished through any combination of co-payments, coinsurance, or deductibles. Co-payments are due when you check in for your appointment. Coinsurance and deductibles are determined by your insurance company and reported to us on your explanation of benefits. Once we are notified, we will add the appropriate charge to your account and send you a statement. This charge is payable upon receipt of the statement. Once payments are received, they will be automatically applied to the oldest outstanding balance. If you would like a payment to be applied to a specific charge, please notify our staff at the time of payment.

Insurance Plans

Your insurance coverage is a contract between you, your employer, and the insurance company; we are not a party to that contract. We must emphasize that as healthcare providers, our relationship is with you, not with your insurance company. Before your visit, please contact your insurance company to verify the physician that you are scheduled with participates with your plan and that the services that you intend to receive are covered. In addition, because some insurance plans require either pre-certification and/or a referral from a primary care provider before a procedure can be performed, please ask if these are required and obtain them if necessary. *Initials* _____

Not all services are a covered benefit in all plans so it is very important that you understand the provisions of your individual policy. Some insurance companies arbitrarily select certain services they will not cover and so we cannot guarantee payment of all claims by your insurance company. If your insurance company pays only a portion of your claim or rejects your claim, they will notify you through an explanation of benefits. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation to Summit Orthopedics. *Initials* _____

Procedure Charges

Patients undergoing procedures will receive three separate bills. You will receive a bill for the physician's fee, a bill for the anesthesia, and a bill from the facility where your procedure was performed. In addition, if a biopsy is done during a procedure, you may receive an additional bill from the lab facility that performs your biopsy. Please contact the lab facility directly to discuss any questions with your lab bill. *Initials* _____

Making and Keeping Appointments

This office has a 24-hour cancellation policy. If you miss your appointment and do not cancel your appointment at least 24 hours prior to the date of your appointment, you will be billed \$75.00. This allows us to accommodate other patients who need to be seen. *Excessive no shows may also cause you to be dismissed from the practice.* *Initials* _____

Non-Payment of Outstanding Accounts

Accounts that are not paid within 120 days will be sent to an external collections agency and reported to the credit bureaus. If this occurs, you will also be dismissed from the practice. *In addition to your outstanding balance, you will also be responsible for a collection fee to equal 30% of the balance that is turned over to the collection agency. You will also be responsible for any other fees we incur from the external collections agency while attempting to collect your balance.* *Initials* _____

Administrative Fees

Forms Charge – If your employer requires Family Medical Leave Act or Disability paperwork to be completed by your provider, the turnaround time is five business days and there is a \$25-\$100 fee for this service, depending on the time required by physician, payable in advance.

Other forms needing to be completed require a \$20.00 payment in advance.

Medical Records Charge – If you would like a copy of your medical records sent to yourself or another physician, these copies are billed on a per page basis, payable in advance, in accordance with HIPAA and MD state law. The per page fee schedule is available upon request. If a collaborating physician (primary care or specialist) requests portions of your chart to assist in your care, there is no charge.

Returned Check Charge – Non Sufficient Funds (NSF) checks and any other checks returned to us by your bank are subject to a \$30 fee (in addition to fees from your bank).

Patient name: _____

Patient Signature: _____

Date: _____