

FINANCIAL POLICY FOR ORTHOWEST, P.C.

Thank you for choosing OrthoWest, P.C. The following is a statement of our FINANCIAL POLICY. All patients must accept our FINANCIAL POLICY before receiving treatment. Full payment of your bill is considered a part of your treatment.

METHOD OF PAYMENT: WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS. Payment plans may be arranged on an individual basis with the Financial Consultants in our office.

REGARDING YOUR INSURANCE: As a courtesy to you, we will submit medical claims to your insurance company. **Any balance after processing of our claim by your carrier is your responsibility.** Your insurance policy is a contract between you and your insurance company. You are responsible for verifying if providers are in-network with your insurance company. We cannot bill your insurance company unless you give us your complete insurance information for commercial insurance, Medicare and Nebraska & Iowa Medicaid. It is your responsibility to know your insurance benefits as it may not cover all of the services provided to you. Interest, at the annual rate of 18%, may be charged to your account if full payment is not received by the statement due date.

DEFINITIONS:

CO-PAYMENT: A fixed dollar amount set by your insurance contract that is required to be paid at the time of an office visit. This amount is usually between \$15 and \$50.

DEDUCTIBLE: An annual dollar amount established by your insurance plan that is deducted from insurance benefits. This amount is your obligation and must be paid prior to having surgery.

CO-INSURANCE: A percent set by your insurance plan that is deducted from insurance benefits. This percent usually ranges between 10% and 30% and is your obligation to pay.

SELF-PAY: A patient that does not have any valid health insurance. You will be asked to pay \$170.00 before you will be seen for your first visit and \$115.00 for subsequent visits. This covers the doctor visit and does not include charges you may have for x-rays or other related services. Initial self-pay consult visits are charged \$231.00.

REGARDING INSURANCE PLANS where we are a participating provider: **All co-pays are due prior to treatment.**

WHEN SURGERY IS RECOMMENDED: For individuals with a commercial insurance plan, a financial representative will check your benefits and may contact you prior to surgery to inform you of your out-of-pocket expenses. Financial arrangements will need to be made to meet your financial responsibilities prior to the surgery in accordance with the financial policies of our physician practice.

MOTOR VEHICLE ACCIDENTS (MVA) AND THIRD PARTY INSURANCE POLICIES: OrthoWest may bill your motor vehicle insurance but will not bill someone else's insurance; however, we are contracted to submit bills to BlueCross BlueShield of NE for MVA claims and in most cases BCBS of NE will collect from your motor vehicle insurance. Otherwise, you will be asked for your personal health insurance should your MVA coverage become exhausted. If insurance has not paid this claim within 90 days of the date of service to you, you will become personally responsible for the amount due.

REGARDING PERSONAL INJURY: *We require a financial arrangement be established for payment in full at the time of service for personal injury cases.* We are not a party to any litigation suits being filed for personal injuries.

REGARDING WORK-RELATED INJURIES: We will file Workers Compensation claims with your employer's Workers Compensation insurance carrier. Written or telephone authorization is required from your employer and/or insurance company prior to treatment. *If prior authorization is not obtained, you are responsible for full payment at the time of service.* If your company's workers compensation carrier has not paid your account in full within 90 days of your date of service, the balance will be transferred to your account and it is your responsibility to pay in full by the statement due date.

COMPLETION OF FORMS: You will be asked to pay \$15.00 to receive your completed forms, ie AFLAC, FMLA, return to work, disability etal.

RETURNED CHECKS: A \$20.00 service fee will be added to all checks returned for insufficient funds. If your check is returned, you will be required to pre-pay in full by cash or credit card, for additional Services.

OVERDUE AND IN-COLLECTION ACCOUNTS: Patients with past due accounts will be asked to make payment in full before being seen at OrthoWest for other than surgery follow-up. Patient accounts sent to collection will not be allowed to schedule appointments at OrthoWest until account is paid in full.

COLLECTIONS: We reserve the right to forward your account to a collection agency if it is determined to be uncollectable.

I UNDERSTAND AND AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

X

SIGNATURE of Patient or Responsible Party

PRINT PATIENT'S NAME

DATE