SO-60 (Rep. 5-11-05)

## Specialty Orthopaedics, P.S.C. 6400 Dutchmans Parkway, Suite 215 Louisville, KY 40205-3343 502.721.8288

## Financial Policy

Thank you for choosing us as your health care provider. The following is a statement of our Financial Policy, which we require that you read and sign prior to treatment.

- Full Payment is due at the time of service for all patients without insurance coverage or proof of insurance coverage.
  - Claims relating to Motor Vehicle Accidents and other liability insurance cases must be paid at the time of service. We will file your claim and have the insurance proceeds go to you directly. (This excludes surgical & fracture cases that our doctors have provided medical care for you at the hospital and/or emergency room)
- Co-payments are required to be paid at the time of service as stated in your insurance policy for any managed care plan
  that we participate.
- We expect the payment of your co-insurance and deductible amounts immediately. This also includes elective surgical cases. (Please note that many orthopaedic services are considered surgical in nature by the American Medical Association and your insurance company benefits generally require deductible and co-insurance amounts.) Surgical / fracture care is subject to special Global or Surgical "package" rules. The post-operative / global period varies generally from 45-90 days. During this period, postoperative visits are included in the surgical/fracture fee. Subsequent x-rays, cast applications and supplies are separately billable.
- Should you incur an overpayment, it will be refunded promptly provided your charges have been processed completely by your insurance company and there are no outstanding claims.

We accept Cash, Checks, Visa and Mastercard.

Minor patients. Minors must be accompanied by a parent or legal guardian each visit. The parent/legal guardian accompanying the minor on the first visit will be assigned as guarantor on the account, accepting full responsibility for payment of co-pays, deductible or co-insurance on the minor's account.

Insurance Accident Information & Coordination of Benefits. Many orthopaedic services are related to an accident or injury. Insurance companies will not pay benefits until you inform them of the nature of the injury. Insurance companies are not required to release benefit payments without this information. It is also equally your responsibility to informyour carrier of any other insurance plans and effective dates that you may be eligible. Please remit any request for information from your insurance company to facilitate timely reimbursement for services.

<u>Out of Network Plans</u>. It is your responsibility to obtain a waiver from you insurance company in order for the doctor to provide out-of-network services. If not, you will owe for the services at the time of service and the insurance company will pay their proceeds to you directly.

<u>Referrals</u>. If your managed care plan requires a referral, you are responsible for notifying your primary care physician to acquire a referral for your medical visit(s). You will not be able to be seen at the time of your appointment, if the referral is not available.

<u>Passport and Medicaid</u>. Patients must be eligible at the time of service. Please notify your caseworker and maintain your eligibility. Your card is expected at the time of the visit in order to be seen, and/or written authorization from the agency acknowledging your eligibility.

Workers Compensation. It is your responsibility to inform your employer of your injury, in order to file a first claim notice. Patients are not billed for services that are approved by WC. Any denial in compensability will be billed to you directly for payment. Please supply us with your health insurance information, so a claim can be billed with the WC denial.

I have read the financial policy and I understand and agree to this policy.		Date
Signature of Patient or Responsible Party  White - Office Coov	Print Name	of Patient or Responsible Party