# OFFICE FINANCIAL POLICIES / AGREEMENT

Our office verifies all insurances prior to your first appointment. The information obtained from the patient's insurance carrier is not a guarantee of payment. It is only a review of the patient benefits. Upon our receipt of the insurance company claim payment, our office will address any discrepancies that arise due to incorrect information provided at the time of benefit verification. Ultimately, payment for services rendered is the patient's responsibility.

## Forms of payment

Our office does not accept checks. Forms of payment accepted are cash, Care Credit, American Express, Discover, MasterCard or Visa debit or credit cards. We do not accept bills larger than $20.00.

## Accident Insurance

Our office does not accept or file accident insurance. This includes, but is not limited to, school insurance, homeowner's insurance and private plans.

## Automobile Insurance

Any incident involving an automobile must be filed under the patient's automobile insurance carrier. This includes non-collision accidents such as closing a car door on a finger or sustaining an injury while lifting a load out of a car trunk. Patients having additional personal/group insurance will be required to file the automobile insurance as their primary insurance and the personal/group insurance as their secondary insurance. The primary insurance copay, coinsurance or deductible is required at check in. Patients that only have automobile insurance will be considered a Self Pay Patient. It is illegal to bill automobile claims to a patient's personal/group insurance until all automobile insurance benefits have been exhausted.

## Collections

If you fail to pay your account, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 26% of the debt, and all costs, and expenses, including reasonable attorneys' fees that we incur in such collection efforts.

## Co-Payments

Co-payments are collected at the time of registration. Patients who are unable to pay their copayment may not be seen. Our practice is obligated to collect co-payments by your insurance company.

## Deductibles / Coinsurance

Patients with deductibles will be required to pay a deposit at check in. The remaining balance, coinsurance and or deductible will be collected at check out based upon the insurance allowable. Patient credits will be applied to the next visit or refunded if no other appointment is necessary.

## Insurance Form Completion

Forms will only be completed for **ACTIVE** patients. An ACTIVE patient is a patient who is currently scheduled for a follow up appointment or has been seen within the last 4 weeks. Exception: Military admission letters.

Forms are completed within 10 business days of receipt and prepayment. The form completion prepayment is $30.00 per signature, for all forms needing physician completion. The patient must sign a medical release and work status form before the form can be completed.

## Medical Records

Patients requesting electronic copies of their medical records can obtain them free of charge by accessing their patient portal.

Patients requesting faxed copies of their medical records can obtain them free of charge. The patient must complete a signed release. The request turn-around time is 10-14 business days.

Patients requesting paper copies of their medical records must complete a signed release. The charge is $0.25 per page with a request turn around time of 10-14 business days. Records can be picked up with a photo ID; they cannot be mailed. This is to ensure patient confidentiality.

X-Ray copies are provided via film or CD depending on the file type available. Films will have to be sent out for copying. The film copy charge will be passed through to the patient. Electronic x-ray copies are provided on a CD with a signed release form and photo ID. The charge is $6.50 with a request turn around time of 10-14 business days.

## Medicare

We are a participating provider with the Medicare Part B program; and as such we are obligated to write off the difference between what Medicare pays us for the services rendered to you (the "allowed amount") and our usual and customary charge. Medicare pays 80% of the "allowed amount" to us directly. The remaining 20% and your annual deductible of $203 are the patient's responsibility by federal law.

## Non-Covered

Patients are required to make payment for any balance not covered by the insurance plan. If you are unsure whether a service is covered by your plan, ultimately it is your responsibility to contact your insurance company to review your benefits.

## No-Show

A $75.00 new patient / $30.00 established patient no show fee may be applied to the patient's account when the patient has not given our office adequate notice (more than 24 hours) of an office appointment cancellation. Two no show appointments will result in a letter to the patient and primary care physician. Three no show appointments will result in termination of care. If a patient who has not established with the practice misses their first appointment on two separate occasions, they will not be scheduled for any further appointments. Fees must be paid prior to scheduling future appointments.

## Refunds

Patients will be refunded any overpayment once all claims on the account have been processed and the patient has been discharged from care. The refund is made back to the credit card of the original payment. For all other forms of payment, the accounts payable department will issue a refund check in a timely manner.

## Self Pay

All patients without insurance will be required to pay a deposit at check in ($500.00 for non-fracture care and $1,000.00 for patients with a fracture). Any remaining balance for the visit will be collected at check out. Self-pay patients paying their bill in entirety at check out are entitled to a 33.3% discount. This discount does not apply to patients with insurance or using CareCredit. Self pay patients using CareCredit are entitled to a 20% discount. Refunds will be paid as per our refund policy (See Refunds above).

## Surgery Cancellation Fee

Patients, who cancel their surgery or office procedure with less than 24 hours notice, will be charged a $200.00 fee for the late cancellation. Surgery will not be rescheduled until the fee is paid.

## Surgery Pre-payment

Patients are required to pay their portion of the surgical fee three (3) business days prior to the surgery. Patients unable to pay may be required to have their surgery rescheduled.

## Travelers Insurance for International Patients

Any international patients who have Canadian, International health care insurance or traveler's insurance, automatically become Self Pay patients. The patient will be responsible for charges at the time of service. It is the patient's responsibility to file their claim with the insurance company. Our office would be happy to assist you with this.

## Worker's Compensation

If a patient is injured on the job, it must be reported to the employer unless the patient is worker's compensation exempt. The initial appointment is to be handled through the worker's compensation adjustor. If the employee is worker's compensation exempt, you must provide a copy of the state exemption. Any non-participating worker's compensation carrier will be required to sign our worker's compensation agreement before making any appointments for the patient. The adjustor will be required to provide any non-English speaking patient with a translator.


# Acknowledgement

**Insurance Authorization and Assignment:**
I request that payment of authorized Medicare/other insurance company benefits be made on my behalf to Central Florida Orthopaedic Surgery Associates; P.L. for any services furnished me by that party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply. I authorize any holder of medical or other information about me to release to the social security administration, health care financing administration its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the party who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (section 1128b of the social security act and 31 U.S.C. 3801-3812 provides penalties for withholding this information.)

**Your signature acknowledges that you have read, understand and agree to the above financial policies as well as the insurance authorization.**

**SIGNATURE:** _____ **DATE:** _____