

FINANCIAL/OFFICE POLICY

INSURANCE

Our practice participates with many health insurance carriers. We file your claim as a courtesy to you, but you must provide our office with a copy of your current card **AT THE TIME OF SERVICE** on every visit or we will not be able to file it. If you cannot provide us with your current information at the time of service, you will be expected to pay for your visit. We will provide a receipt, which is your responsibility to maintain as proof of any cash payments to this office.

- Your insurance policy is a contract between you and the insurance company. You are ultimately responsible for any charges in our office whether you think your insurance should pay for those services or not.
- Co-pays are to be paid at the time of service. We will not bill you for your co-pay. If you do not pay your co-pay at the time of service we assess a \$10 fee due to the increased costs associated with billing this charge.
- Services and materials that are not covered by your insurance policy will need to be paid at the time of service. Some examples of non-covered materials may be curable goods such as splints, dressing supplies, ice packs or topical Biofreeze.
- If you are not in an HMO insurance plan and without a referral from your primary physician, you will not be able to receive services from us. We also request referral-consultation statements or prescription referral forms from your primary care physician when they or their office have sent you to see us. They are not to be presented to the office staff at time of check-in or you will not be seen.
- **Motor Vehicle Accident Claims** will not be filed with medical insurance for office visits or treatments. You will need to provide us with necessary information and will need to pay the services and subsequently seek reimbursement from your motor vehicle insurance carrier. We will require written approval from any insurance carrier before definite treatment can be started for these situations.
- **When You Have a Balance Due**, you will receive treatment from our separate billing office. Midland Professional (816 461-8288) when they have filed your claim and received response from the payers. You will then receive a statement for any co-insurance, deductible or non-covered. We expect to be receiving payment in full within 15 days of statement date. Accounts, which become delinquent (60 days past due) will be subject to a 1-1/2% per month late fee. If your account reaches 90 days past due, your account may be referred to an outside agency for collection proceedings up to and including court costs and settlement cost to you. Your account will also be listed with three major credit bureaus as a bad debt. Once you have been sent to a collection agency, you may be dismissed as a patient from this practice.
- A \$15 fee for every returned check.

OFFICE POLICIES

- Outside x-rays are your responsibility to return.
- If you are more than 15 minutes late for your appointment, we may elect to reschedule in order to accommodate other patients often required due to urgent/emergency situations.
- Due to congestion in our waiting area, we request no more than two people attend an appointment with the patient and also no food or drink in the waiting area.
- All disability forms are completed as a courtesy to the patient and are not billable to your insurance/work comp company. It is the patient's responsibility to prepay \$10 per form prior to picking them up. These may not be completed the same day, but you will be called when finished.
- Due to other physicians' patients utilizing radiology, delays getting x-rays may be out of our control. We will attempt to minimize your delays. Please understand the nature of an orthopaedic practice is often dealing with emergencies, last-minute fractures, also the ongoing process of dealing with insurance, nursing calls and patient phone calls. All of these happening during a busy day can make it difficult to run a practice on time all the time.
- Further, we attempt at all times to meet patients' needs by seeing them in the office, even if this means at times that we have to ask all of our patients to be understanding and accepting of the delays that this type of practice availability entails.
- Please check with our receptionist if you have waited more than 30 minutes, understanding that the nature of these emergencies often make it unpredictable to fully schedule efficiently time 2-3 months advance of your need and still be available for "working in" patients' urgent needs.

I have read, understand, and agree with the financial policy of this practice.

Patient or Guardian (if a minor) _____

Date _____