

## **NORTHWEST ORTHOPAEDICS & SPORTS MEDICINE FINANCIAL POLICY**

We want to thank you for choosing our practice for Orthopaedic care. We are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our Financial Policy. Please contact the office if you have any questions or concerns.

### **ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. NORTHWEST ORTHOPAEDICS accepts cash, cashier's check, VISA, MasterCard, Discover, and American Express. There is a service charge of \$25.00 for returned checks.

Patients with an outstanding balance 90 days or more overdue must make arrangements for payment prior to scheduling appointments.

### **INSURANCE:**

It is the patient's responsibility to provide their current insurance card and or referral at the time of service. If you fail to provide your current insurance/referral information, it may be necessary to reschedule your appointment. We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company or payment is denied within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

**Please note your insurance plan determines your co-pay/co-insurance/deductible; they also determine what codes they cover and do not cover. Your EOB (Explanation of Benefits) should outline this information.**

We do not bill third party insurance companies.

If you need assistance or have questions, please contact our Account Specialists **between 8:30 a.m. and 4:30 p.m., Monday through Friday at 773-631-7898.**

### **REFUNDS:**

Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$20.00 and greater will automatically be refunded to the patient/guarantor.

### **MANAGED CARE:**

**\*\* RPPG\*\***

If you are enrolled in a managed care insurance plan (i.e., HMO), you must receive a referral from your primary care physician before seeing a specialist. Retroactive referrals are not always guaranteed.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments. **Excessive abuse of scheduled appointments may result in discharge from the practice.**

**\*\*Collections: In the event that your account is forwarded to collections from Northwest Orthopaedics a flat 10% of the balance will be charged to the account for the expenses incurred by the agency.\*\***

**24 Hour Cancellation & “No Show” Fee Policy**

We ask that you provide 24 hours notice if you are unable to keep your appointment. Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, the Physicians of Northwest Orthopaedic Associates reserves the right to charge a fee of \$25.00 for each missed (No show) appointment which absent a compelling reason, are not cancelled with a 24 hour- advance notice.

*“No Show” fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. Multiple “No shows” in any 12 month period my result in termination from our practice.*

**Automobile Accidents/Personal Injury Claims:**

**Northwest Orthopaedics does not get involved in third party liability, it the insurance companies job to subrogate for damages.** Patients shall be financially responsible for medical services related to an MVA and Personal Injury. It is also the patient’s responsibility to notify Northwest Orthopaedics if the service is due to such incidents.

We will need claim #, adjustor’s name and contact information and/or attorney information for personal injury or workers’ compensation.

**Disability/FMLA/Insurance forms:**

Each page requires a \$7.00 pre-payment before the forms will be completed. Please allow 7-10 business days for them to be completed.

I have read and understand the Financial Policy of Northwest Orthopaedics & Sports Medicine. I agree to assign insurance benefits to Northwest Orthopaedics whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections as mentioned above.

Signature of insured or authorized representative: \_\_\_\_\_

Date: \_\_\_\_\_