

## **PATIENT FINANCIAL POLICY**

Thank you for choosing **ROC Orthopedics** for your orthopedic care. We are pleased to serve you.

The following is information about our credit policy. Please read, sign and return it to the receptionist. If you have questions regarding our credit policy, please discuss them with our Business Office.

If you have a medical insurance plan, including Managed Care Plans, Workers' Compensation, Medicare or any other plan, please provide us with the necessary information and a copy of your insurance card. We will gladly bill your insurance companies.

### **Self Pay Accounts**

Self-Pay accounts may be required to pay a deposit at the time of check in. We designate accounts, Self-Pay, under the following circumstances:

Patient is covered by an insurance plan our clinic does not participate in.

Patient does not have a valid insurance referral on file

Patient does not have health insurance coverage.

### **Payment Due at the time of Service**

We accept cash, checks, debit & credit cards.

All co-pays, deductibles, & non-covered service are due at the time of service unless payment arrangements have been made **PRIOR TO THE APPOINTMENT.**

All co-pays are due at the time of service. Inability to pay may require the appointment to be rescheduled.

Patient balances are due at the time of check in.

In the event surgery is needed & the patient does not have insurance coverage, payment of no less than 50% of the estimated surgeon's fees is required before the surgery is scheduled.

All balances are due in full within 30 days of the statement date.

If a balance is not paid in full within 30 days, the patient/guarantor must speak with the Business office to establish an automatic recurring monthly payment plan.

We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate patients from the practice due to a collection balance.

### **Proof of Insurance**

A current insurance card & photo identification is required at every appointment.

It is the patient's responsibility to inform the scheduling & registration staff when the injury may be the responsibility of a third party (auto insurance, liability insurance company, worker's compensation) instead of the patient's health insurance.

It is the patient's responsibility to notify the practice of changes to health insurance, address, phone, and employment.

### **Referrals**

If a patient's insurance carrier requires a referral to a specialist, the patient is required to obtain the referral prior to the appointment. If a current, valid referral is unavailable, the clinic will either reschedule the appointment or the patient will be asked to pay for the visit at the time of service.

### **Divorce & Custody**

In cases of divorce, the individual who receives care is responsible for payment of co-pays, co-insurance, deductibles & non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.

The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating, or non-participating insurance. The clinic does not honor divorce specifics.

If a child has coverage with a participating insurance and the proper identification is present at the time of service, the practice will bill the insurance company. Applicable co-pays, co-insurance and/or deductibles are due at the time of service, unless arrangements have been made with the office prior to arrival.

### **MVA**

In cases involving **Motor Vehicle Accidents**, we will bill the carrier only if we can verify coverage is availability prior to the visit. If unable to do so, we will ask the patient to pay in full for each visit, but will provide the patient with the necessary billing information for the claim. A MVA claim does not guarantee payment. If private health insurance requires a referral, it is the patient's responsibility to obtain one from their primary care physician to avoid any problems if all or any part of the claim is denied. Should the claim be denied, we will bill the private insurance (this is the reason a backup referral is necessary). If a patient does not have private insurance, or our clinic is not contracted with the insurance or should the claim go into litigation, a payment agreement is required between the patient and the Business Office for regular monthly payments.

### **Worker's Compensation**

We will need to verify all W/C claims prior to the patient's appointment date. We will ask the patient to provide the necessary information to our clinic well in advance of the visit. . If private health insurance requires a referral, it is the patient's responsibility to obtain a referral from their primary care physician to avoid any problems if all or any part of the claim is denied. Should the claim be denied, we will bill the private insurance (this is the reason a backup referral

is necessary). If a patient does not have private insurance, or our clinic is not contracted with the insurance, a payment agreement is required between the patient and the Business Office for regular monthly payments.  
. A worker's compensation claim does not guarantee payment.

### **Responsibility**

Patients are:

- Responsible for verifying insurance coverage/medical benefits(including in and out of network participation) with their insurance company and obtaining any referral or authorization required by the insurance **PRIOR** to receiving any services recommended/referred by OOSMC. This includes, but is not limited to, orthotics, second opinions, radiology services (MRI, CT, etc.), surgeries/injections or physical therapy. Understand that an insurance referral and/or authorization for services does not guarantee payment.
- Financially responsible if health insurance is retroactively obtained with which OOSMC is not contracted or in network, for which prior authorization and/or referrals were required, or are not a benefit of the plan.