

The Orthopedic Center

Self Pay Accounts

- We designate accounts, **Self-Pay**, under the following circumstances: patient does not have health insurance coverage, patient does not have a valid insurance card on file, or valid referral on file.

Billing Process

- **Your insurance company will be billed first.** Your insurance company requires us to collect your co-pay at time of service.
- It is your responsibility to inform the reception staff when the cause of treatment may be the responsibility of a third party insurance carrier. You are responsible to provide the office with all information required to bill the third party prior to your appointment. If this information is presented at time of service it may cause your appointment to be delayed or rescheduled.
- If you are a workers' compensation or auto accident patient who refuses to provide your personal insurance as a back up and your claim denies, you will be personally responsible for payment, regardless of litigation.
- We will bill benefit-assigned claims to both the third party and your health insurance carrier for all services provided by our office – **one time only**. Should either insurance company reimburse you directly, we expect payment from you – in full- within 10 days of the receipt of payment. The patient/guarantor is ultimately responsible for payment of any charges incurred.
- It is your responsibility to notify *The Orthopedic Center* of any changes to your health insurance.

Payment is Due at Time of Service

- We accept cash, checks, debit and credit cards. A \$35.00 fee will be charged for all returned checks due to insufficient funds.
- Patient responsible balances are due at time of service.
- Your co-pay amount is subject to change depending on your insurance plan and/or any procedures that may be provided during your visit.
- There **will** be a charge for appointments missed. Please make sure to contact the office and cancel your appointment within 48 hours of the appointment. This fee is not covered by your insurance and must be paid before your next visit.
- **Overdue accounts that are sent to collections may be charged a collection service fee.**

Referrals

- **You are responsible for managing your insurance.** If your insurance company requires a physician referral, you are responsible to have your Primary Care Physician send a referral to our office **prior** to your appointment. If you do not have a current, valid referral, we may ask you to reschedule your appointment or pay for the visit at time of service. If you have any questions regarding your insurance coverage or eligibility, you should call the toll free number located on the back of your insurance card.

Our Responsibility to Report Non-Compliance

- It is our obligation under many of the insurance contracts to report patients who: repeatedly refuse to pay co-payments / deductibles at time of service, or who repeatedly “no show” for appointments.

Divorce Cases

- In cases of divorce, the individual who receives the care is responsible for payment of co-payments, coinsurance, deductibles, and nonparticipating insurance balances. We will not bill a divorced spouse for the patient’s services.

Child Custody Cases

- 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 insurance, or nonparticipating insurance. The practice does not honor divorce specifics (e.g. percentage of financial responsibility).

Billing, Payments, and Refunds

- It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same guarantor or financial responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.

Miscellaneous

- You may contact our Patient Accounts Representative at (410)820-8226 option # 6 Monday through Friday 8:30am – 4:30pm to discuss payment options. We may require all co-pays to be paid before payment arrangements will be made for other outstanding balances.
- Independent Medical Examinations require at least 5 business days advance notice to cancel. Please contact your employer regarding these cancelations.

Patient Copy Available at Check in Upon Request

Patient Name: _____ **Date of Birth:** _____

I have reviewed this statement and I am fully aware of my financial responsibilities.

Print Name: _____ **Date:** _____

Signature: _____

Medicare Patient Authorization Form

I authorize any holder of medical or other information about me to release to the social security administration and healthcare financing administration or its intermediaries or carriers any information needed for this or related Medicare claims. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to the participating provider. Regulations pertaining to Medicare assignment of benefits apply. I understand that medical services/supplies recognized as non-covered services are the responsibility of the patient, as dictated by Medicare guidelines.

Signature

Date