

## Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly asked financial questions below. If you have any questions regarding these policies or need further information please feel free to ask our Office Manager or a Billing Specialist at any time.

### How May I Pay?

We accept payment by cash, check (we require a phone number and your driver's license number), Money order, VISA, MasterCard and American Express.

### Do I Need A Referral?

If you have an HMO plan or any insurance plan with which we are contracted that requires a referral or authorization from your primary care physician. If we have not received a referral or authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain one. If you are unable to obtain the referral at that time, you will have to reschedule your appointment when the referral or authorization is obtained.

### Which Plans Do We Contract With?

Blue Cross Blue Shield, United Healthcare, Cigna, Aetna, Assured Care, Memorial Health Services, Cariten Senior Health, Medicare and several other plans. If you have any questions regarding participation with your plan please ask one of our staff.

### What is My Financial Responsibility for Services?

**Commercial Insurance/Indemnity Plans:** Payment for the coinsurance % and any deductibles for the office visits, x-rays, DME supplies, injections and other charges are to be paid at the time of service.

**Participating HMO & PPO Plans:** If the services you receive at the time of service are covered by your plan any applicable co-pays and deductibles are to be paid at the time of service. If any of the services you receive are not covered by your insurance plan payment in full is to be paid at the time of service.

**Non-Participating HMO & PPO Plans:** Payment in full for the office visits, x-ray's, DME supplies, injections and other charges are to be paid at the time of service.

**Medicare:** If you have regular and have not met your deductible we ask that it is paid at the time of service. Any services not covered by Medicare are to be paid at the time of service. If you have Medicare with no secondary insurance your 20% coinsurance is to be paid at the time of service. If you have Medicare with a secondary or Medigap insurance no payment is necessary at the time of service.

**Medicare HMO:** All applicable copays or deductibles are to be paid at the time of service.

**Workers Compensation:** If we have all necessary information and the claim has been verified no payment is necessary at the time of the visit. If we are unable to verify your claim payment in full is requested at the time of service. We will provide you with a detailed receipt so you can file a claim with your carrier.

**Auto Accidents:** Payment in full is to be paid at the time of service. We will provide you with a detailed receipt so you can file a claim with your carrier.

**Self Pay:** Payment in full is to be paid at the time of service. We will work with you to settle your account. Please speak with our Office Manager or Billing Specialists for assistance.

**Surgery?**

If your physician recommends surgery, you will be directed to one of our office staff who will help answer any specific questions regarding the scheduling process, discuss any paperwork and tests involved, and complete all pre-certification/authorizations necessary for your insurance carrier. We will provide you with a cost estimate, which shows your financial responsibility, based on the benefit levels and coverage of your insurance carrier. We will request a pre-surgical deposit based on the information received by your insurance carrier.

**What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. If the parent elects to let the minor come on their own in the future we would have you sign a parental authorization for treatment which would be part of the patient's record. The accompanying adult is responsible for payment on the account.

*I have read and understand, and agree to the above Financial Policies. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles are my responsibility.*

*I authorize benefits be paid directly to Orthopaedic Institute of Chattanooga.*

*I authorize the Orthopaedic Institute Chattanooga to release pertinent medical information to my insurance company when requested, or to facilitate the payment of my claim.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_