

OHIO ORTHOPAEDICS & SPORTS MEDICINE, INC.

FINANCIAL POLICY

Effective 05/14/2009

General Payment:

All charges for services rendered in the office will be due and payable at the time of service. We accept cash, check or credit card (Visa, MasterCard or Discover) as forms of payment. Exceptions to this policy are given for insurance companies that we contract with, Aetna, all Blue Cross & Blue Shield plans through Anthem, Ball Metal's Insurance Program, CIGNA, Medical Mutual of Ohio, Integrated Health Plans, Interplan Health, Ohio Health Reach, Northwest Ohio Health Partners, Ohio Health Choice, Central Benefits, Whirlpool Corporation's Insurance Program, United Healthcare, Workers' Compensation, Hancock County Medicaid (Buckeye Community Health and Ohio Medicaid) and Medicare. Co-payments on any of these companies are due at the time of service. In the event we receive payment from your insurance company for services you have paid for, a refund will be made to you in a timely manner.

Regarding your insurance:

As a courtesy to you, we will submit medical claims to your insurance company, both primary and secondary. Any balance after processing of our claim by your carrier is your responsibility. Your insurance policy is a contract between you, your employer and your insurance company. You are responsible for verifying if providers are in-network with your insurance plan. We cannot bill your insurance company unless you provide us your complete insurance information. It is your responsibility to know your insurance benefits; they may not cover all of the services provided to you. An **Administrative fee of \$10.00** will be applied to your account if full payment is not received by the statement due date, unless prior arrangements have been made. **Returned Check Policy: A fee of \$25.00 will be applied to your account for any returned checks.**

Regarding personal injury:

We require a financial arrangement be established for payment in full at the time of service for personal injury cases. We are not a party to any litigation suits being filed for personal injuries. We will provide you with the information to assist you with your litigation. We do not accept letters of protection from attorneys.

Regarding work-related injuries:

We will file Workers' Compensation claims with your employer's MCO. Written or telephone authorization is required from your employer prior to treatment. If prior authorization is not obtained, you are responsible for full payment at the time of service. If your company's MCO has not paid your account in full within 90 days of your date of service, the balance will be transferred to your account and it is your responsibility to pay in full by the statement due date.

Divorce Decree:

In the instance of a divorce, the responsibility for payment for services rendered to any dependent child is the responsibility of the parent who seeks treatment. We are not a party to the divorce decree.

Phone Requests for Prescription Refills:

There will be a charge of \$10.00 for all phone requests for prescription refills. Refills can be obtained during your appointment at no charge.

Assistants in Surgery:

Your physician may determine that it is in your best interest to have an assistant during your surgical procedure. The assistant on your case will be one of our other physicians or one of our physician assistants. We cannot guarantee payment for this service by your insurance company. We will bill your insurance company for the assistant's services. If they allow this service we will only bill you for what they **allow**. If they do not allow the assistant, we will bill you a base charge of \$300.00 for the assistant's services regardless of what is submitted to the insurance company. This basic amount will be your responsibility.

Patient / Guardian Signature

Date

Patient Printed Name