

AO Orthopedics, Inc. Financial Policy

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our financial policy and questions can be asked prior to being seen.

Minor Children:

All minor patients must be attended by either a responsible parent or guardian. AO Orthopedics, Inc. does not recognize court orders, custody or other legal documents that place responsibility for monies due upon an adult other than the parent or guardian registering the patient. All responsible parties must provide either a social security number OR a birth date. This is to enable us to confirm to whom we are speaking if we need to call for any reason. AO Orthopedics will not change a billing address unless that address is the correct address for the parent or guardian. Do not ask us to bill a 3rd party other than an insurance carrier; we will not be placed into the middle of any domestic situations.

Insurances:

We participate with most of the insurance plans, unfortunately, because of all the changes, new plans and new products being introduced by the insurance companies there are bound to be a few problems. Consequently, we cannot guarantee participation no matter how hard we try confirm participation. Because it impossible for us to know what Insurance company covers you, it is the responsibility of the patient, parent or guardian to provide accurate and timely insurance information. Untimely information given to the staff will not be billed. The patient or the guarantor will be responsible for the full amount due.

Self Pay Policy:

There is a \$200.00 down payment due prior to the patient seeing the physician. All self-pay patients are eligible for our 25% self-pay / quick pay discount if paid within 30 days. We will provide you with an itemized statement each time you receive services. We accept cash, checks, Master Card, Visa and Discover. We do make and accept payment plans. If you elect to make monthly payments, we will provide a monthly statement through the mail. Prior to leaving the office, you will be requested to make payment arrangements (with the option to receive the discount if paid within the 30-day period). Please ask if you have questions regarding this policy.

Collections / Collection fees:

If your account is forwarded to the practice's collection agency the balance of your account will be increased by the collection fee percentage. In addition to the Collection agency collection fee, any additional charges incurred in the collection of the debt will be the responsibility of the guarantor. Our collection agency does report collection account information with the national credit-reporting agencies.

Return Check fee:

If for any reason your bank returns your check, a \$20.00 returned check fee will be charged to your account. Continued acceptance of personal checks at that point will be considered on a case-by-case basis.

Forms and Fees:

We charge a \$25 prepayment fee for the review and completion of school / day-care / employment forms that are not of our design. Disability and FMLA forms depending upon complexity are either \$25 prepay or fall into the next category. There are instances when an insurance company or employer requests in-depth information from our office and are unwilling to accept the office note or other standard practice forms for the documentation. In these instances because of the extraordinary amount of time necessary for completion of the form we will be required to charge more for these forms to be completed.

Missed Appointments / Late Cancellations:

As of the writing of this policy, AO Orthopedics, Inc. does not charge for late cancellations nor missed appointments. This policy is currently under review. Please keep in mind that even though we do not charge for missed appointments, after the third missed appointment you will be discharged from the practice. Discharge from the practice will also result from a consistent history of combinations of cancel-reschedule, no-show and late cancel-reschedule appointments.

Referrals:

If your insurance plan requires a referral to our specialist office, it is your responsibility to either have the referral with you for the appointment, or confirm that the referral was received in our office prior to the regularly scheduled appointment time. You will not be seen by the physician without the referral in the office.

Assignment and Release:

I hereby authorize my insurance benefits be paid directly to the physician. I authorize the physician to release information required in the processing of insurance claims. I understand that when notified I am financially responsible for non-covered services.

I have read and fully understand the financial policy set forth by AO Orthopedics, Inc. I agree that if it becomes necessary to forward my account to a collection agency, I will also be responsible for any reasonable fee charged by the agency for the costs of collection in addition to the original amount due. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification.

Signature Patient /
Responsible Party _____

Date: _____