

FINANCIAL POLICY/PATIENT RESPONSIBILITY

Welcome to SpecOrtho and thank you for choosing us as your orthopaedic healthcare provider. We are committed to providing our patients with convenient and personalized care. In addition to the practice of exceptional medicine, we believe a clear understanding of our Financial Policy is essential to our professional relationship. Your commitment to your account is just as significant as your participation with your health care. **Please remember that you, the patient or guardian, are ultimately responsible for all charges associated with your care regardless of insurance coverage.**

Patients with Insurance:

SpecOrtho requires a copy of any insurance information and photo identification at the time of service. We participate with most major health plans and our business office will file claims on your behalf. Should you have an outstanding balance after your insurance posts, we will expect the courtesy of prompt payment.

Please note: We will collect all patient responsibility and balances per your insurance contract at the time of your appointment (copay, deductible, etc). If your patient responsibility cannot be verified, the following charges will apply:

- New Patient Visit - \$100.00
- Established Patient Visit and Follow Ups - \$50
- On site MRI - \$100
- Surgical Procedures- \$200 (minor); \$400 (complex)

The above amounts are only estimates of our services. You will be provided with a billing statement after your insurance has been applied.

Self-Pay Patients:

At the time of your appointment, we will collect the following amounts based on your services received:

- New Patient/new problem - \$150 for first ailment; \$50 for each additional issue
- Follow-up visit - \$90 for one ailment; \$30 for each additional issue
- X-Rays - \$50 for each series
- Injections/Aspirations - \$50 for each plus cost of medication (if applicable)
- MRI - \$600
- Surgery or in-office procedures – 50% of anticipated surgeon’s professional fees due at time of booking

No-Show Policy:

Please notify us more than 24 hours in advance if you are unable to keep your appointment. Multiple late cancellations/no shows may result in a \$50 charge which is not covered by insurance.

Work Comp/Disability Forms:

Due to the extensive nature of such forms, our office charges a form fee beginning at \$10 per page. No forms or records will be released until all account balances have been paid.

SpecOrtho reserves the right to cease treatment on those patients with outstanding account balances. We are happy to work out payment plans in order to keep patient accounts current. Please see our financial manager for special arrangements. Bounced checks / rejected transactions will be charged the bank fee plus \$25 processing charge.

I have read and understand the above Financial Policy, and agree to meet all financial obligations.

Patient signature (or parent, if under age 18)

Date