



## Credit and Payment Policy

*It is our goal to provide you the best orthopedic care we possibly can. Please understand that part of your care includes the billing of your insurance-provided we've received the correct and complete information from you.*

**Please read the following information as it will answer many of your questions regarding our billing policies.**

**Medicare and Med-Advantage Plan patients:** Bring a copy of your Medicare card and also your supplemental insurance information. We accept assignment for Medicare and will bill your supplemental insurance-provided we have the information we need. You will be billed for any remaining balance after your insurance plans have processed the charges. If you have a co-pay with your MedAdvantage Plan, you will need to pay it when you check in for your appointment.

**HMO/Managed Care Plans:** It is your responsibility to make sure a current referral has been obtained for your care with our office. If no referral has been obtained, your appointment may need to be rescheduled until you have a current referral or you may sign a waiver and be billed for the visit if your insurance denies our charges.

**Co-pays:** ***These are to be paid at the time of each visit.*** Give your co-pay to our receptionists when you check-in for your appointment. If the co-pay is not paid at the time of service, there will be a \$10 billing fee added.

**Commercial or indemnity plans:** We need a copy of your current insurance card so that we may bill for your visit. It is your responsibility to verify if we are contracted with your insurance carrier. Benefits may vary if we are out of network. Please ask for our billing department if you have any questions or need assistance. **You will receive a bill for any balance remaining after our charges have been processed by your insurance carrier and will be responsible for this balance.**

**Workers Compensation:** You need to bring your claim number, date of injury and mailing address of where we are to bill. We also need to know if you have any additional private insurance coverage. Also bring this insurance card with you to your appointment. Your claim needs to be open and valid for the condition that we are seeing you for. If our charges are not accepted by workers compensation, you will personally be billed and held responsible for these balances. If we have your private insurance information, they will be billed and you will be billed for any remaining balance.

**Public Assistance:** Bring your monthly ID paperwork with you to your appointment to verify coverage. Our physical therapy is not contracted with Public Assistance. Private payment arrangements would need to be made for any treatment provided.

**Motor vehicle or litigation claims:** It is our policy to collect a \$150 deposit for your first office visit unless you have other private insurance coverage. If you need continuing treatment, a minimum of \$20 per visit is to be paid to keep your account current. We need your auto insurance policy information regardless if you are the driver or passenger. This will include the claim number, phone number, MVA date, case manager and any other information available. If you have an attorney, we need their name and address for our records. **It is our policy to not wait for settlement for payment of your services. If there is any balance remaining, you will be billed and held responsible to pay this balance.**

**(Credit Policy continued)**

**No insurance:** A \$150 deposit is required at the time of your first visit. If you need continuing treatment, you will need to make a minimum payment of \$20 per visit to keep your account current.

**If you need surgery:** If the physician recommends surgery, you will talk with our surgery coordinator. She will help you with any specific questions you may have. Provided we have the correct insurance information from you, we will obtain pre-authorization for your surgery if it is needed. If you have a large insurance deductible, our billing department may contact you to arrange a payment plan or discuss financial options with you.

**If your child needs care:** A parent or legal guardian must accompany patients who are minors (less than 18) for the patient’s first visit. This accompanying adult is responsible for payment of the account, according to the policy written above.

*I have read, understand, and agree to the above Financial Policy. **I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.** I understand that it is my responsibility to contact my insurance carrier(s) if they do not respond to payment requests made on my behalf.*

*I authorize my insurance benefits be paid directly to Orthopaedic Specialty Clinic of Spokane, PLLC. I authorize Orthopaedic Specialty Clinic of Spokane to release pertinent medical information to my insurance company when requested, needed to obtain authorization for a procedure or to facilitate payment of a claim. I have given complete and accurate information and agree to inform Orthopaedic Specialty Clinic of any changes regarding my personal billing information or my insurance billing information.*

\_\_\_\_\_  
Date                      Signature                      (guarantor if patient is a minor)                      Printed Name

**Appointment No Show Policy**

We realize that “life happens” to all of us and at times appointments need to be cancelled or not kept. However, having said that, time for all of us is valuable. Because of this, we have put into place the following policy which deals with “no show” appointments. Because time is saved for each patient, “no shows” need to be addressed and discouraged.

**If someone calls or leaves a message to cancel their appointment BEFORE the appointment, that is not considered a “no show”. If you call AFTER your appointment or DO NOT SHOW UP, that is considered a “no show”.**

It is our policy to monitor and manage appointment no-shows. A no-show patient may be charged up to \$75.00 as set by the Practice, for failure to show.

Below are the steps taken for “no show” appointments:

- 1<sup>st</sup> no show: patient is called to inquire the reason for not arriving for the appointment
- 2<sup>nd</sup> no show: the patient is again called and informed he/she will be required to pay \$25 as a deposit to make another appointment or provide their Visa or Mastercard account number.
- 3<sup>rd</sup> no show: the deposit is kept or the Visa/Mastercard will be charged up to \$75 as set by the practice.
- The patient will be sent a letter of dismissal from the practice.

I have read, understand, and agree to the above Appointment No Show Policy.

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Date                      Signature (guarantor if patient is a minor)                      Printed name