



# SPINAL AND ORTHOPAEDIC MEDICINE ASSOCIATES

---

DIAGNOSIS & TREATMENT OF SPINAL & ORTHOPAEDIC MEDICINE DISORDERS

## Financial Policy

Welcome,

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible care and to your treatment being successful. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment of your bill is considered part of your overall treatment. In order to keep your cost of healthcare to an absolute minimum, we have adopted the following policies.

## Fees and payments

Co-payments and any outstanding balance is required at the time of service. We accept cash, personal checks, money orders, Visa or MasterCard. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that services are rendered. In order for us to file a claim, you must present a current copy of your insurance card each visit and communicate and changes in your personal contact information.

Most insurance policies specify that some of the cost of the patient's care is the patient's responsibility. This can be accomplished through any combination of co-payments, coinsurance, or deductibles. Co-payments are due when you check in for your appointment. Coinsurance and deductibles are determined by your insurance company and reported to us on your explanation of benefits. Once we are notified, we will add the appropriate charge to your account and send you a statement. This charge is payable upon receipt of the statement. Once payments are received, they will be automatically applied to the oldest outstanding balance. If you would like a payment to be applied to a specific charge, please notify our staff at the time of payment.

## Insurance Plans

Your insurance coverage is a contract between you, your employer, and the insurance company: we are not a part of that contract. We must emphasize that as healthcare providers, our relationship is with you, not with your insurance company. Before your visit, please contact your insurance company to verify the physician and the facility that you are scheduled with participates with your plan and that the services the you intend to receive are covered. In addition, because some insurance plans require either pre-certification and/or referral from a primary care provider before you can be seen, please ask if these are required and obtain them if necessary.

Not all services are covered benefits in all plans so it is very important that you understand the provisions of your individual policy. Some insurance companies arbitrarily select certain services they will not cover and so we cannot guarantee payment of all claims by your insurance company. If your insurance company pays only a portion of your claim or rejects your claim, they will notify you through an explanation of benefits. Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.



# SPINAL AND ORTHOPAEDIC MEDICINE ASSOCIATES

---

DIAGNOSIS & TREATMENT OF SPINAL & ORTHOPAEDIC MEDICINE DISORDERS

## Screening Procedures

Insurance plans will only cover services that they determine to be medically reasonable or necessary. It is important that you check with your insurance company to determine your benefits. Please note that if you are scheduled for procedures and any condition or diagnosis is found, both the screening diagnosis and the discovered condition are required to be reported. Some insurance plans including Medicare have different coverage for screening versus diagnostic procedures so it is important that you understand your benefits carefully.

## Making and Keeping Appointments

If you need to cancel your appointment, please call at least 24 hours in advance. This allows us to accommodate other patients who need to be seen. Appointments not cancelled in advance will incur a \$50 charge. Excessive no shows may result in you being dismissed from the practice.

## Non-Payment of Outstanding Accounts

Accounts that are not paid in a reasonable amount of time may be sent to an external collections agency and reported to the credit bureaus. If this occurs, you may also be dismissed from the practice. In addition to your outstanding balance, you may also be responsible for any fees or charges that we incur from the external collections agency while attempting to collect your balance.

## Administrative Fees

**Forms charge** – If your employer requires Family Medical Leave Act or Disability paperwork to be completed by your provider, the turnaround time is five business days and there is a \$10 fee per page for this service, payable in advance.

**Medical Records Charge** - If you would like a copy of your medical records sent to you or to another physician, these copies are billed on a per page basis, payable in advance, in accordance with HIPAA and Ohio State Law. The fee schedule is available upon request.

**Returned Check Charge** – Non Sufficient Funds (NSF) checks are subject to a \$30 fee (in addition to fees from your bank). This may result in our office not being able to accept checks from you in the future.

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_