

ORTHOPAEDIC ASSOCIATES OF CENTRAL TEXAS
AUSTIN BONE & JOINT CLINIC • GREATER AUSTIN ORTHOPAEDICS

FINANCIAL POLICY

In today's financial climate we understand that patients must be efficient with their money and that you, as a patient and a consumer, have options in Central Texas' healthcare community. In order to help keep your costs down, we are making a concerted effort to run as financially efficient of an office as we possibly can. In order to do this we strictly abide by the following guidelines:

_____ 1. Payment is due at the time services are rendered. Our staff will provide you with as accurate information as available to us from your insurance company regarding your co-pay, deductibles and coinsurance amounts. Balances that are residual after filing with your insurance company will be expected prior to your next scheduled office visit or statement date, whichever is sooner. **We highly recommend that you read your insurance booklet or call your insurance company requesting a benefit description for a specialist office.** This will provide you some basic information prior to your visits. If the patient is unable to pay at the time of service, the appointment may be rescheduled or the patient may opt to bring payment before the end of the business day. If this is not paid at that time, a \$40.00 billing charge will be applied.

_____ 2. FEES – Returned check fees - \$35.00 Form Fees – \$20.00
 Missed Appointment - \$25.00 Missed MRI -\$100.00 (applicable to copay if rescheduled)
 Medical Records - \$20.00(after 1st copy) Re-file – \$15.00 (reprocess insurance claims)
 Additional statements- \$5.00 (after 3)

_____ 3. Should you default on your balance, OACT/ABJ has the right to discharge you as a patient, not accept new diagnosis or collect \$125.00 collection fee prior to re-establishing you as a patient.

_____ 4. CARE CREDIT – In lieu of payment plans, OACT/ABJ is able to offer its patients Care Credit for balances over \$200.00. This company is able to offer up to 18 months of interest free financing (depending on the minimum amount applied). They are our payment plan company and additional payment plans through our office are generally not made and are only done so with proof of denial from Care Credit. For your convenience we do accept most major credit cards. Paying by credit card gives you the flexibility to make minimum monthly payments and keeps your costs down at our office.

_____ 5. Private pay/uninsured patients do receive a discounted rate. This is calculated off of Medicare allowable for all procedures and evaluation codes. Unfortunately, our contracts with insurance companies do not allow us to negotiate prices or provide additional discount in any manner for those individuals with insurance.

_____ 6. You will be responsible for promptly responding to your insurance company to provide any additional information they may request regarding your treatment, pre-existing conditions, accidents or prior medical coverage. Failure to respond in a timely manner may result in your account becoming due and payable, in full, immediately.

_____ 7. SURGERY/FRACTURE CARE - We understand that surgeries and fractures are usually not calculated into the patient's regular budget; unfortunately we are bound to our insurance contracts to collect co-pays, deductibles, and coinsurances. This is expected prior to surgery and our surgery scheduler will contact you to give you the estimated total. Again, this is only an estimate as to what your insurance will pay and what you will owe. Fractures may be considered surgery by your insurance company. They are technically closed treatments of a broken bone instead of the traditional view of surgery, an open treatment of a fracture. To avoid confusion "breaks" "fractures", and "cracks" are all classified as fractures and are coded the same by your physician and insurance company.

_____ 8. THIRD PARTY PAYORS/LETTERS OF PROTECTION – Orthopaedic Associates/ABJ does not take third party insurance or operate under letters of protection. If you should still desire care at our facilities, we are able to classify this as self pay and payment in full is due at the time of service.

_____ 9. WORKERS' COMPENSATION – We will happily treat your work-related injury. You must have a claim number and workers' compensation contact information prior to scheduling an appointment. If you are unsure as to whether this is a work injury or not, please discuss this with your employer prior to scheduling an appointment. There is a \$50.00 transfer fee for each visit filed with insurance that needs to be converted to workers' compensation.

_____ 10. MINORS – Individuals under 18 will be rescheduled should they not have a parent's permission form signed and payment for that date of service.

_____ 11. We are able to supply you with Durable Medical Equipment in our office should your injury require it. Some items are billed through an outside company. If an item is provided by our office you will be asked for a DME Deposit. Durable medical equipment is most often applied to your deductible and coinsurance. This deposit will be applied to this amount and you will be billed for any remainder. Insurances do not cover some small items and in that instance payment in full will be expected at the time you receive the item. It is necessary for us to have you sign a DME waiver in case your insurance denies coverage of the item.

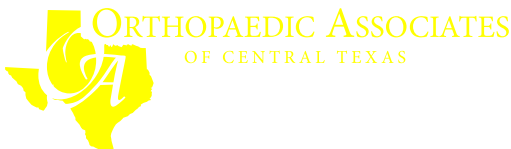
_____ 12. I authorize my insurance benefits to be paid directly to the physician, and that I am financially responsible for any balance(s). I also authorize Orthopaedic Associates of Central Texas/Austin Bone & Joint Clinic or the insurance company to release my information required to process my claims.

_____ 13. DISCLOSURE OF OWNERSHIP: Your physician may have ownership in one or more medical entities to which you may be referred. If you would like to see a list of the businesses in which your physician has financial interest, and to which you have been referred, please request this from our office. Some of these businesses may be out of network pertaining to your insurance. You have the right to choose the provider of your health care services. Therefore, you have the option to use another service provider or facility. You will not be treated differently by your physician should you choose or request another option. Please feel free to ask your physician or staff if you have any questions or concerns regarding this notice. By initialing and signing this disclosure, you acknowledge that you have read and understand the foregoing notice.

Patient Name (Please Print)

Patient Signature

Date



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