

Patient Name: \_\_\_\_\_

**OrthoArizona**  
**ARIZONA BONE AND JOINT SPECIALISTS**  
**FINANCIAL POLICY**

As a courtesy, we will bill your insurance for all medical fees. However, we require that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service. It is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays. Failure to provide accurate billing information at the time of service will result in all fees becoming patient responsibility. It is your responsibility to promptly provide your insurance company with any requested information needed to process your claim within in a timely manner. Failure to provide requested information to your insurance company within thirty days of such request will result in all fees becoming patient responsibility.

- **Balances Due After Insurance Pays:** If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payments not made within 30 days are considered Past Due. Payments not made within 60 days are considered Delinquent.
- **Delinquent Accounts and Waiver of confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record. In the event of a delinquent account I agree to pay all collection agency fees. I also agree to pay court costs, interest allowed by law and attorney fees incurred because of the delinquency.
- **Notice of "Non-Covered" Services:** Patients are fully responsible for services performed by Arizona Bone and Joint Specialists, A Division of OrthoArizona, that are considered "non-covered" services by a patient's insurance carrier.
- **Surgery Deposit Required:** Prior to surgery, our office verifies your insurance benefits and obtains appropriate authorizations from your insurance company. Once your insurance company determines your deductible, co-payment, and/or co-insurance amounts due for your planned surgical procedure, our office will collect the full amount of your expected patient liability, prior to your planned surgery.
- **Medicare:** If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% co-pay is requested at the time of the visit.
- **Workers Compensation:** Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures. If we have verified the claim with your carrier then no payment is necessary at the time of the visit. If we are not able to verify your claim then payment in full is requested at the time of the visit. If your claim is denied, you will be responsible for payment in full.
- **Personal Injury:** If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case. You also acknowledge that we have a lien on any personal injury settlement or recovery pursuant to N.C.G.S. 44-49, et seq and you authorize your attorney or liability carrier to pay those lien amounts to us out of any settlement proceeds without further authorization from you.
- **Referrals:** If your insurance has designated a primary care physician (PCP), you are most likely required to have prior authorization from your PCP prior to your office visit. If this authorization is not provided at the time of your appointment, you will be required to reschedule your appointment.
- **Out of Network/Non-Participating Insurance:** If we are not in network with your insurance carrier, we will bill your carrier as a courtesy. If payment is not received within 60 days, the balance becomes your responsibility. You, the patient, will have to contact your insurance company to determine why payment has not been made. Please be aware, you may incur more out of pocket expenses for seeing a doctor out of network. It is your responsibility to check with your insurance company for benefits.
- **Insurance Forms, Medical Records, and Disability Forms:** We charge an administrative fee for completing insurance forms, medical records requests and for completing disability verification forms. Please be aware that these services may require up to 7 to 10 days to complete.
- **Transferring of records:** You will need to request in writing, and pay a reasonable administrative fee if you want to have copies of your records sent to another doctor or organization.
- **Missed appointment fee:** If a patient cancels with less than 24 hours notice, we have the right to charge a \$50.00 fee. This fee must be paid before a new appointment is scheduled.
- **Returned Check:** In the event that we receive a returned check due to insufficient funds, a \$35 fee will be charged to your account.
- **Forms of Payment:** For your convenience, we accept cash, check, MasterCard and Visa. We also offer CareCredit financing, which is low cost financing alternative for medical care. Our billing representatives will be happy to explain these services to you.