



PATIENT BILLING AGREEMENT

We believe in price transparency. Whether you are self-pay or insured, we want to provide an easy way for patients to understand their cost for care. Below is our billing and payment policy for services rendered.

Overview

Thank you for choosing our practice for your orthopaedic needs. We will not only provide excellent medical care, but will work with you and/or your insurance company to receive payment for your care. You are ultimately responsible for all charges incurred, if no payment from your insurance is made. We accept cash, check, money orders and the following credit cards: MasterCard, Visa, and Discover. Our prices are representative of the usual and customary charges in this area.

Insurance and Proof of Insurance: All patients must complete our patient information form before seeing the physician(s). We must obtain a copy of your driver's license and current insurance card(s). New copies of your cards and updated demographic information will be required each calendar year. We participate with many insurance plans. If we do not participate, payment in full is required at each visit. For Medicare Advantage plans, we will honor the Medicare Part B fee schedule. If your insurance coverage cannot be verified, or your secondary insurance does not pay, we will collect charges at the time of the visit. Knowing the benefits of the insurance you selected is your responsibility.

Co-payments and deductibles: All co-payments, co-insurances and deductibles must be paid at the time of service and will be collected upon check in. This is a required contractual obligation with insurance companies.

Non-covered services: Please be aware that services you receive may be non-covered or not considered reasonable or necessary by your insurance company. If so, you must pay for these charges in full at the time of service. Some examples of fees to be collected from the patient before services are rendered are x-ray image copying, postage, form completion, and computer assisted surgical navigation.

Self- Pay: Patients are considered self- pay if they have no insurance or we do not participate with their insurance plan and they have no out-of-network benefits. It is the patient's responsibility to know if our

office will utilize the in or out-of-network benefits of your policy. For those patients with third party insurance such as automobile, homeowner's, slip and fall cases, and any case involving litigation, we expect payment in full at time of service. As a courtesy, we may be able to file with your insurance or provide the necessary forms for you to submit to them. If you have no insurance coverage and have financial hardship, we will work with you to negotiate a mutually agreeable payment plan. It is our intention to provide the best care possible with the least amount of stress.

Surgery: You will be required to pay all co-pays, co-insurances and deductibles prior to surgery. Surgeries and fracture care may be billed on a flat-fee (global) period. This fee includes professional follow up care with the physician, but does not include x-rays, casts, medical supplies and equipment or tests.

Emergency hospital charges and surgery: We require payment arrangements to be made at your first follow up office visit.

Claim submission: We will submit your charges to the insurance companies of record on your account. Your insurance company may require certain information to be supplied from you directly. It is your responsibility to comply with that request in a timely manner. Please be aware that the balance on your account is your responsibility, whether or not your insurance company pays your claim. Your insurance benefits are a contract between you and your insurance company. We will file the claim to your supplemental insurance, once, as a courtesy. If your insurance company does not pay the claim within 30 days, the balance will be transferred to you.

Nonpayment: A statement will be sent to you for any balance due. If payment is not made after 30 days, our policy is to send one additional statement. If a second statement is to be mailed, postage will be added to your account. We then will attempt to reach you with a single phone call to collect payment. If no resolution is made, we may send your account, along with delinquent fees, to a collection agency for action. Patients with outstanding balances must pay their balance and any collection fees prior to being seen again. All fees associated with returned payments will be assessed to the patient.

Coverage changes: If your insurance changes, please notify us as soon as possible and before your next visit. This is so we can update our records to help you receive your maximum benefits.

Minors: A signed release is required to treat a minor. Parents and guardians are responsible for full payment and will receive the billing statements.

Notice of Privacy Practices Acknowledgement: I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy practices and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices. I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment,

payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions. If you would like a copy, please ask the front office staff members.

I have read, understand and agree to the policies stated above.