

Thank you for choosing Midlands Orthopaedics, PA (MOPA). We are committed to the success of your medical treatment, and we strive to offer excellent care in a patient friendly environment. We recognize that healthcare is expensive, insurance requirements are frustrating and discussing payment arrangements when you don't feel well may be unpleasant. Nevertheless, prompt payment of charges helps us expedite your care so we ask you to review our financial policies. As your health care provider, our relationship is with you...our patient and not with your insurance company. Your insurance plan is a contract between you, your insurance company and/or your employer. Our office is not a party to that contract or any possible restrictions imposed by it. While we will make every effort to obtain appropriate payment from your insurance carrier, payment for services rendered is ultimately your responsibility.

Insurance

You will be required to update your insurance information at least once each year, but we may ask you to provide your insurance card more frequently. Please notify our office immediately if you change insurance carriers, drop coverage, receive new cards or in any way experience a change to your coverage. Failure to do so may result in insurance claim denials that cause all charges to become your full responsibility. Please know the benefits, limitations and responsibilities of your insurance plan.

Referrals and Authorizations

If your plan(s) require a referral from your primary care physician (family or regular doctor), please make sure one has been provided prior to your appointment. We must have a current referral to prevent your insurance carrier from denying payment for services you receive with us.

Co-pays, Deductibles, Co-insurance and Pre-determination of Benefits

We participate with many health plans and file charges with those plans as a courtesy. Most health plans require us to collect charges they deem to be patient responsibility in the form of co-pays, deductibles and co-insurance. We must also collect payment directly from the patient for services the plan does not cover. If MOPA does not participate with your insurance plan, payment-in-full is required at the time of service.

Our charges are usual and customary for our area. If your insurance ultimately denies responsibility for services you receive, you are responsible for payment. If you have a Health Savings Account (HSA), Health Reimbursement Account (HRA) or a Flexible Spending Account, we will provide all documentation necessary for you to receive appropriate reimbursement; however, payment is still required at the time of service.

Uninsured Patients

Payment is due at the time services are provided. A minimum deposit of \$100.00 - \$300.00 (determined by services required) will be required *prior to* the appointment. This payment will be applied toward your total balance due upon check-out. We do offer a Prompt Pay Discount to uninsured patients who pay their entire balance at the time of service. If you are unable to pay your entire balance, an Account Specialist will assist you in establishing a payment plan.

Past Due Balances

Balances that are not paid within 30 days from the date of service are considered past-due. If your insurance company has not responded to our request for payment within 30 days, we will ask for your assistance in obtaining payment from the carrier and/or to make a payment on the balance. Balances that are not paid within 90 days of the date of service will be forwarded to a collection agency. Collection agency and any associated legal fees may be added to the account. Patients with past-due balances will be required to make payment arrangements before additional services will be scheduled.

No-Show and Late Cancellation Fees

Because cancelled appointment slots for surgeries, MRI and other procedures are difficult to fill without adequate notice, the following fees will be charged for appointments that are not cancelled at least 24 hours prior to the appointment time.

- MRI appointments: \$100.00
- Appointments for ESI (epidural steroid injection), ESWT (extracorporeal shock wave), EMG (electromyography), or surgical procedures: \$150.00

I acknowledge receipt and understanding of the Midlands Orthopaedics Financial Policy outlined above.

Patient/Guardian Signature

Date

Printed name of patient/Guardian

Date