

## FINANCIAL POLICY

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Arrangements for payment for medical services provided by a practitioner of South Arkansas Orthopaedics & Sports Medicine, PLLC must be made in advance. We accept cash, personal checks, debit cards, Visa, MasterCard and American Express credit cards. We are happy to provide an estimate of charges for your visit(s) or surgery upon request.

We must emphasize that as an orthopedic practice, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. **Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier. Occasionally your insurance company will send you a questionnaire. This MUST be completed and returned to them before any payment is made.**

### PATIENTS WITH INSURANCE

**Clinic Visits and Surgery Charges** - For patients who have provided the information necessary to bill their insurance company, SAOS will bill the insurance carrier for the services provided. **Patients are responsible for co-pays, deductibles, coinsurance balances, and any known services not covered by your insurance at the time of the clinic appointment.** There may be a balance after the insurance carrier has settled their part of the claim if you have not paid this at time of service you the patient will be billed for this balance. We encourage patients to know their policies and to become familiar with their orthopedic benefits. This will help to avoid any billing surprises. **IT IS UP TO YOU TO KEEP THE INSURANCE ON FILE UP TO DATE**

### SELF-PAY PATIENTS

**Clinic Visits - Patients who are self-pay are required to pay at the time of service.** A New Patient visit charge is approximately between \$150.00 and \$350.00. An Established or Follow-Up visit charge is between \$90 and \$150.00. This does not include x-rays or injections. SAOS Injections and x-rays must also be paid in full at time of visit. **Surgery Charges** – If an elective surgery is scheduled you will be required to pay a deposit prior to your surgery. The remaining balance is expected within 90 days. You will we required to sign a payment plan agreement at this time.

### PATIENTS USING MOTOR VEHICLE ACCIDENT (MVA) INSURANCE

**Clinic Visits** - We will NOT bill 3<sup>rd</sup> party insurance. Patients who have been injured as a result of the actions of others must pay for their charges at the time services are provided. We do not deal with attorneys or wait for payment from a settlement. If the Personal Injury Policy exhausts on the MVA insurance, we will bill the private insurance only after this information has been provided in writing.

### SURGERY/GLOBAL SURGICAL PACKAGE

Medical billing for all major surgical procedures (i.e. fracture repair, joint replacement, etc.) generally involve a set fee for the procedure and follow up visits for a period of 90 days following treatment. This is commonly referred to as a “Global Surgical Package” and does not include the initial consultation or evaluation by the surgeon to determine the need for major surgery; visits unrelated to the diagnosis for which the surgical procedure is performed; diagnostic tests and procedures including x-rays; treatment for post-op complications that require a trip to the operating room;

have additional cast applications and supplies; any braces or splints that may be required; and a more extensive procedure if the less extensive procedure fails.

**BAD DEBT ACCOUNTS**

South Arkansas Orthopaedics & Sports Medicine Center, PLLCC, or any other collection or servicing agency or agencies retained by the facility (together referred to hereafter as "collectors") to collect any money that I owe to the facility, may contact me by telephone or text message at any number given by me or otherwise associated with my account, including but not limited to cellular/wireless telephone numbers, which may result in my incurring fees for the call or text message. The collectors may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages or voice mail messages. The collectors may contact me using e-mail at any e-mail address I provide to the facility or is otherwise associated with my account.

Note: Balances in collections must be paid in full prior to further treatment. The collection agency and your health insurance company will be called to verify payment and current benefits prior to scheduling an appointment. If you are without insurance, the self-pay policy listed above applies. This is in addition to any copays or coinsurance amounts owed.

**NON-SUFFICIENT FUNDS**

A \$35.00 charge will be made for non-sufficient funds. Hot checks will be reported to the district attorney for legal action.

**DISABILITY/ACCIDENT CLAIM FORMS**

There will be a charge of \$20.00 for every disability/accident form that we fill out. THIS MUST BE PAID IN ADVANCE

**MEDICAL RECORDS**

You may request a copy of your records at any time. There is a fee for records. Please contact the Medical Records Clerk in our office.

I have read, understand, and agree to the provisions of the policy. I have also received a Notice of Privacy Practice, which explains how they keep my medical information private and who it could be disclosed to.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature

or

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Signature