

Medical Center for Bone and Joint Disorders/Premier Physical Therapy

Financial Policies

Welcome to our Medical Office. We are committed to providing excellent health services to you, our patient. As part of our professional relationship, it is important that you have an understanding of our financial policy. Below we describe the financial policies of the clinic and we outline some suggestions to help expedite handling of potential insurance issues.

Because we see patients with many different types of insurance coverage and insurance plans, it is impossible for us to be familiar with the covered benefits, co-pays and deductibles for every patient. Although we are here to assist you, it is your responsibility to ensure that all services rendered to you by Medical Center for Bone & Joint Disorders/Premier Physical Therapy are paid in full.

Payment at the time of service is required. We accept cash, check and credit cards as forms of payment.

Patients with private medical insurance coverage. We have contracts with several insurance companies, and if your plan is one of these, we will bill the company directly. In this situation, there may be a contractual discount on the charge to the company for your services. If we do not contract with your company then the full charge will apply. You may be asked to satisfy the account yourself and to later contact your insurance company to obtain reimbursement. **Your payment is required at the time of service.**

Co-payments and deductibles. Co-payments and deductibles are amounts that your insurance plan requires us to collect from you at the time of service. If you know that your deductible has not been met, or that your insurance company will not cover services, we request that you notify us at the time of your visit. If we later receive payment from your insurance company, and discover that you have overpaid your portion of these charges, then we will gladly refund any overpayment.

Medicare patients. We participate with Medicare, which mean we accept a greatly discounted amount for the services we provide. Medicare will be billed for all covered services. Medicare designates some services as non-covered, which means they will not pay for them. If you wish to receive such services you will be responsible for the full charge.

Medi-cal patients. We do not participate with Medi-Cal, if you are a Medicare patient with Medi-Cal secondary we will gladly bill Medi-Cal but you must be eligible at the time of service or you will be responsible for any Medicare co-insurance/deductible. You will also be responsible for any share of cost. We will not accept cash from a Medi-Cal patient. You will not be reimbursed if we are eligible and do not disclose this information.

Surgical patients. We gladly verify and receive pre-authorization for the Surgeon fee prior to your service. All other vendors that are used hospital, anesthesiologist, pre-operative labs, durable medical equipment, etc....it is your responsibility to contact for coverage and rates.

Physical therapy limits. We will verify your physical therapy benefit. If you have had any therapy, including chiropractic care please inform the receptionist as this could affect your number of visits. You will be responsible for any visits that are not covered.

Patients without insurance coverage. Full payment is required at the time of service.

Civil Suits, Auto, Home, or Business Owners Claims. If you are involved in an accident or other suit and are seeking payment from the responsible party, **We expect payment at the time of service.** We do not bill the responsible party's insurance or attorney for your services due to the time it takes to settle these claims. Please do not request that we bill your regular insurance in these cases, as these claims will be denied.

Returned check. A fee of \$35.00 will be assessed to your account should we receive a returned check for insufficient funds or no account.

Form Completion. We will be happy to complete relevant portions of insurance, FMLA, and social service forms, etc....and disability claims. Please contact Medical Records for fees.

Change in insurance policy. It is your responsibility to notify our office of any insurance policy change. Please be aware if the claims are denied for any reason, you will be responsible for the full charge.

I have read and understand this financial policy.

Signature of Responsible Party

Date