



FINANCIAL POLICY & ASSIGNMENT OF BENEFITS

PAYMENT FOR MEDICAL SERVICES RENDERED ARE DUE AT THE TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. There will be a \$25.00 service charge for any checks returned to our office. ALL ACCOUNTS 90 DAYS PAST DUE MAY BE ASSIGNED TO A COLLECTION AGENCY UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. In the event of collection proceedings due to lack of payment on my part or my insurance company, I agree to pay any and all collection fees that may be added to my account in order to recover monies due the doctor or group.

Late Fee: *You acknowledge and agree that we will necessarily incur direct and indirect costs and expenses as a result of any failure by you to make prompt and timely payment for services provided. Accordingly and to the extent the law allows, in the event your account becomes more than 90 days delinquent, you agree we may add a late fee of 12% APR or \$5.00 per month, whichever is greater, to the unpaid amount of your account to offset the additional direct and indirect costs we will have to incur to recover your outstanding medical bill.*

Our office verifies eligibility and benefits with your health insurance company. If we are unable to accomplish this, you will be asked to pay for services rendered until we can confirm your status. We will do all we can to assist you with your insurance claims; however, insurance is a contract between you and your insurance carrier. Final responsibility for payment of your account rests with you. The exception is for those patients with injuries that are work-related and are covered by Worker’s Compensation. These patients are not responsible for their bills unless their claim is denied.

Prior authorizations obtained for procedures by this office on your behalf do not guarantee payment but rather are based on medical necessity. Claims are subject to policy provisions, and your insurance carrier determines final payment. A deposit is required if you are being scheduled for surgery. If an assistant is required at the time of surgery to improve the quality of your surgical outcome, the assistant’s fee is in addition to the surgeon’s fee. ***If your insurance company requires a referral from your Primary-care physician, it is your responsibility to obtain the referral from your primary-care physician and bring it with you prior to your visit. If you do not have a referral number, and your insurance company requires it, you will be responsible to pay your visit in full.***

Having read the above, I hereby authorize payment by my insurance carrier or other designated payor of medical benefits to KNEE AND SHOULDER INSTITUTE for services furnished to me. This assignment will remain in effect until revoked by me in writing. I hereby accept financial responsibility for all charges incurred whether or not I have insurance coverage. A photocopy of the assignment is considered as valid as the original.

I also authorize KNEE AND SHOULDER INSTITUTE to release to my insurance carrier or their agents any medical information about me needed to determine these benefits or the benefits payable for service.

I hereby consent to and authorize medical treatment, tests, and procedures performed in the office that my physician deems advisable and necessary based on his judgement. I understand that I may ask whatever questions needed to understand the necessity for and expected outcomes of the recommended care.

PHYSICAL THERAPY DISCLOSURES

The physical therapy department is owned by the physicians at Knee and Shoulder Institute. It is your choice to attend any licensed physical therapist for your rehabilitation needs; however, we feel that your care can best be managed at this facility under the physicians at Knee and Shoulder Institute’s direction and guidance by their rehabilitative protocols.

MRI DISCLOSURE

The physicians at Knee and Shoulder Institute own the MRI center, called Mirror Imaging. It is your choice to have your image performed at any qualified MRI center, however, for your convenience as well as to control the high quality and therefore the usefulness of the MRI, we feel utilizing Mirror Imaging may best serve you for your study.

SURGICAL CENTER DISCLOSURE

Surgical Arts Center is partly owned by the physicians at Knee and Shoulder Institute. Should you have a concern about where your treatment is performed, please discuss with the physicians at Knee and Shoulder Institute and they will advise you of the alternatives. We do feel that the best possible surgical care is available at Surgical Arts Center under the physicians at Knee and Shoulder Institute’s direction.

I HAVE READ THE FINANCIAL POLICY DESCRIBED ABOVE, I UNDERSTAND AND AGREE TO ALL PROVISIONS OF THIS FINANCIAL POLICY.

Patient’s or Responsible Party’s Signature

Date

Patient’s or Responsible Party’s Printed Name