

FINANCIAL POLICY AND AGREEMENT



At Wisconsin River Orthopaedic Institute we are committed to providing you with the best possible care and are pleased to discuss our professional fees with you. Our fees for services are based on the level of professional skill required, the severity and complexity of the injury or illness, as well as the time spent treating you. The patient or responsible party is responsible for seeing that the entire bill is paid in full.

Insurance: Billing of insurance is a courtesy we provide our patients and is not required by law. The insurance company is responsible to the patient and the patient is responsible to us. Therefore, if your insurance does not respond in 30 days, the bill will become your responsibility. Please notify us if your insurance carrier has changed.

Copayments: Your insurance contract REQUIRES that we collect your designated co-pay at the time of service. Please be prepared to pay your co-pay each visit.

Deductibles and Co-Insurance: We will verify your insurance benefits, and at the time of service, you will be expected to pay a deposit towards an estimated owed amount. Following your appointment, as a courtesy, we will bill your insurance company, and any patient responsibility portions are to be paid upon first receipt of your patient statement. If you have questions regarding any amount owed after insurance has processed your claim, please contact them immediately.

Non-Covered Services: If your insurance provider determines that a service is not covered for any reason, you will be responsible for payment of the charges. Durable Medical Equipment (DME): some DME items may be not covered by your insurance plan, and you will be asked to pay in full for the item at the time of service. All items are new when given and cannot be returned.

Non-Participating Insurance Plans or "Out of Network": It is the responsibility of the patient to call their insurance company to verify whether we contract with their insurance. Any outstanding balances are the responsibility of the patient. Insurance companies set their own "usual and customary" rates based on a wide geographic area and the fees we charge may differ.

Referrals: If your insurance plan requires a referral from your primary provider, it is your responsibility to obtain this referral prior to your appointment. If you do not have your referral, you may be required to reschedule.

Workers Compensation/Other Accident Cases: For us to file a claim with your work comp or other liability carrier, you must provide complete billing information. Without this information we are unable to bill your insurance carrier and we will ask for payment in full at the time of service. Patient shall be fiscally responsible for medical services related to work comp/accident if insurance fails to pay in full. We do not bill attorneys for medical services.

Self-Pay/Uninsured: We follow the "No Surprises Act" and you have a right to receive an estimate for the services to be provided. The amount you pay is determined by a defined fee schedule. Payment in full is required for all self-pay/uninsured patients. For new patients, a deposit of \$500.00 is required on the day of your appointment, prior to seeing your provider. Any fees remaining will be collected following your appointment.

Minors of Divorced Parents or Children of Custody Cases: Both parents are fiscally responsible for care rendered to minor children. We will bill the parent who signs this financial policy.

Post-Operative Surgery Charges: Following most surgical procedures, related post op office visits are included and will not be charged during the 10- or 90-day post-operative period. Services such as X-rays, casting and materials, Durable Medical Equipment, and injections will be charged separately at this time and will be billed to the patient.

Collection Process: Any balances determined as patient responsibility that remain unpaid after 90-days will be subject to review. If satisfactory payment arrangements are not made, you will be sent a letter requesting payment in full by the end of the current month, or your account will be forwarded to an outside collection agency. Balances in collections must be paid in full prior to further appointments and treatment. A 5% interest fee will be added to accounts in collections. To re-establish care, we require full payment of your account and \$500.00 to re-establish your credit.

Missed Appointments: In fairness to other patients and the providers, we require at least 24 hours' notice to cancel appointments. You may be dismissed from our practice if you repeatedly do not notify us of your cancelled appointments.

Payment for services may be paid in cash, personal check, Visa, Master Card, Discover, or American Express. We also provide online bill pay services via our website. We will keep your card securely on file for approved payments; however, will not charge your card without your knowledge. Responsible parties will be responsible for any expenses incurred in collecting amounts owed, including attorney fees, court costs, and/or the collection agency fee. Any returned check from the bank shall result in the patient's account being charged up to a \$35.00 fee. Please sign below, that you have read and agree to this Financial Policy.

Responsible Party Signature: _____

Date: _____

Patient Name (if different from Responsible Party): _____