



ORTHOPAEDIC  
ASSOCIATES

GENERAL SURGERY  
SPECIALISTS



## FINANCIAL POLICY

Thank you for choosing us for your healthcare needs. We are committed to providing the best possible care and believe your understanding of your financial responsibilities is an important element of the treatment process.

**Your health insurance policy is a contract between you and your insurance company. It is your responsibility to know the specifics of your insurance coverage and benefits, and if you have any questions to inquire before services are rendered.**

**NEW PATIENTS:** You have been asked to fill out our patient information sheet. The accuracy of the information is very important. Please print clearly. Please give us your given name and initial as they appear on your insurance card. If you go by a different name, put it in ( ) by your name. Please bring a current copy of your personal identification and insurance card with you to your appointment. Please bring your referral information.

**PAYMENT OF SERVICES:** You and your insurance company should settle your bill in full within 60 days from the date of service. We require that co-payment, deductible, and non-covered services be paid at the time of service. If you are not able to make your co-payment, you may be asked to reschedule your appointment. Accounts not paid in full within 120 days are subject to a 1% monthly finance charge.

**INSURANCE:** The insurance claim will be filed for you based on the information you provide. Please keep the billing office informed of any changes. You are responsible for payment regardless of insurance coverage.

**MEDICARE:** We are participating providers with Medicare. Please provide us with your secondary insurance information so that we may bill it for you. You will be responsible for any balance up to the Medicare allowable that is not paid by Medicare or the secondary insurance.

**PATIENTS WITHOUT INSURANCE:** For our patients without health insurance coverage, we require payment in full for (non post-op) office visits at the time of service. Our front office staff will review office visit pricing with you ahead of time. Unpaid balances require payment arrangements through the billing office. Surgical care will require a deposit of no less than 50% of the estimated surgical fee. Payment is required at least 48 hours prior to the scheduled procedure. A payment contract stipulating monthly payments is required.

**STATEMENTS:** You will receive an itemized bill. The statement will indicate if your insurance has been billed. Please do not ignore the bill. We are willing to allow you to make monthly payments.

All payment plans need to be arranged through the billing office. The billing staff is available from 8:30 am to 4:30 pm Monday through Friday. Billing staff can be reached at (208) 375-2782.

We accept cash, debit cards, checks, money orders, VISA, MasterCard, and American Express. There will be a \$30 returned check fee assessed to your account on all returned checks.

I acknowledge that I have read, understand, and will comply with this financial policy.

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Signature

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Date