

FINANCIAL POLICY FOR TRI COUNTY ORTHOPAEDICS PA

We are committed to providing you with the best possible medical care; if you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services. Our office participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card at every visit.
- Be prepared to pay your copay or deductible at each visit. Payment can be made by cash, check, MasterCard or visa.
- For medical care not covered under your insurance, payment is due in full at the time of service.

- If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to your visit.

- Referrals: It is your responsibility to bring any required referrals for treatment, at, or prior to the visit. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.

- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parent or guardian who signs for treatment is accepting responsibility for any payment due at the time of service, and bringing the necessary referrals and insurance card.

- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (the number is usually located on the back of the card).

- Please be aware that our office utilizes the services of an outside collection agency for delinquent (nonpayment after 60 days) patient accounts. If your account is turned over for collections you could be charged a collection fee up to \$90.00.

- Secondary insurance (to Medicare or other insurance) will be courtesy filed one time. If payment is not received within 30 days the balance will become the patients' responsibility.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. **Please sign that you have read and agree to the financial policy.**

Signature of Patient or Responsible Party

Date