



Patient Financial Policy

Please read the policy below and ask the staff any questions you may have and sign as indicated. The original will be maintained in your file and a copy may be provided to you upon your request.

1. **PROOF OF INSURANCE:** All patients must complete our patient information form before seeing the physician. Pinnacle Orthopaedics participates with a large variety of insurance plans, including Medicare. If you are not insured by a plan that we participate with, payment in full is expected at each time of service. It is your responsibility to ensure that we have your correct information and an up-to-date copy of your insurance card.
2. **UPDATED CHANGE OF INFORMATION & COVERAGE:** We will ask you to update this whenever you have a change in address, employment, insurance, etc. However, it is your responsibility to make us aware of these changes and if you fail to provide us with the correct updated information, you will be responsible for the entire cost of the services rendered and immediate payment will be expected.
3. **CO-PAYMENTS, DEDUCTIBLES & CO-INSURANCE:** All co-payments, deductibles & co-insurance must be paid at the time of service. Payment of your copayments, deductibles & co-insurance is part of your contract agreement with your insurance plan.
4. **NON-COVERED SERVICES:** Please be aware that some or perhaps all of the services you receive may not be covered by your insurance plan. If you elect to have these services, you will be asked to sign a waiver and payment in full at the time of service will be expected.
5. **REFERRALS:** Some insurance plans require a referral from a primary care physician to obtain services of a specialist. It is “Your” responsibility to obtain a referral prior to treatment. If you have not obtained the necessary referral you will need to reschedule your appointment.
6. **AUTHORIZATIONS:** Obtaining a prior authorization for services is not a guarantee of payment. A prior authorization means that the information given at the time meets the medical necessity for the services, but a decision will not be determined until the insurance company receives the claim.
7. **CLAIMS SUBMISSION:** We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance plan may request information directly from you. Your failure to timely comply may result in your claim denial which will make you responsible for the payment in full.
8. **SELF PAY:** Payment in full is due at the time of service. All prompt payments may be offered a discount.
9. **NON-PAYMENT:** If your account is over 60 days past due, you will receive a letter indicating that you have 30 days to pay your account in full or your account will be transferred to our collection agency. You will be responsible for any fees incurred to collect bad debt. (Currently 25% of balance transferred to the collection agency.)
10. **PAYMENT METHODS:** We accept cash, personal checks, money orders, MC and Visa as payment for services rendered.
11. **RETURNED CHECKS:** A returned check fee of \$25 will be added to your account for every check returned for insufficient funds, stopped payment or closed accounts. After the occurrence, only cash, money orders or credit card payments will be accepted.

***** Knowing your insurance benefits is your responsibility. Please contact your insurance plan with questions you may have regarding your coverage.*****

This is an agreement between Pinnacle Orthopaedics and the patient/responsible party signed below. By executing this agreement, you are agreeing to pay for all services that are received. I have read and understand the payment policy and agree to abide by its guideline.

Patient's Name

Patient Account Number

Patient's or Guarantor's Signature

Date

Pinnacle Orthopaedics Employee

Date

(Revised 3/28/11)