



## **SOUTH METRO BONE & JOINT, P.C. FINANCIAL POLICY**

Thank you for choosing South Metro Bone & Joint, P.C. (SMBJ) for your orthopedic needs. We are committed to providing you with the best possible care. Since payment of your bill is part of your treatment, we want to be sure that our financial policies are clearly understood before we begin treatment.

Payment of your account is your responsibility regardless of your insurance coverage. Your insurance is a contract between yourself and the insurance carrier; we are not a party to that contract.

Our office has provider contracts with Medicare, Tricare, Blue Cross, United Healthcare, Cigna, Aetna, Humana, Coventry, Piedmont WellStar, First Health, MultiPlan and Medicaid. If we do not have a contract with your insurance carrier, we will bill your insurance as a courtesy to you. **It is your responsibility to obtain the necessary referrals from your primary care physician.**

For your convenience, we accept cash, checks, VISA, MasterCard and American Express.

**No Insurance:** Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Billing Department.

**Co-Pays:** For insurance plans that we contract with, your carrier requires that all co-pays be paid prior to any services being rendered. **The co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.**

**Coinsurance / Deductibles:** You are responsible for any co-insurance, deductibles or non-covered services as required by your insurance. **Under most insurance plans, your co-pay only covers the office visit; any x-rays, injections and fracture care are applied to your deductible/coinsurance.** If you have questions about your insurance, our Billing Office will help you. However, specific coverage issues should be directed to your insurance company. You will receive a statement from our office indicating what your insurance has paid. Any remaining balance is due upon receipt of that statement.

**Worker's Compensation / Accidents / Third Party Payers:** Our office submits claims for confirmed worker's compensation cases. You must have filed a "First Report of Injury" with your employer. We accept accident cases involving insurance companies. In these cases, we bill the insurance company as a courtesy, but the patient remains responsible for payment of charges. We will not wait for a case to be settled to be reimbursed. SMBJ does not bill Third Party Payers. You will be responsible for all charges and may submit those to other carriers as you like.

**Surgery:** If your physician recommends surgery, you will be escorted to the Surgery Coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it. The Surgery Coordinator may request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount.

**Return Checks:** A \$25.00 charge will be added to your account for any checks returned

**Cancelled/No Show Appointments:** If you are unable to keep your scheduled appointment, please contact our office at least 24 hours prior to your appointment to reschedule your appointment. If you do not cancel an appointment, your account will be charged \$50 which must be paid at your next appointment.

**Disability or Insurance Forms:** There will be a charge of \$10.00 - \$35.00 for the completion of medical forms (charge is based upon number of pages and complexity of information requested). Payment is due at the time that you pick up the forms. Please allow 7 - 10 days for the completion of these forms. If you would like the forms mailed to you or your insurance company, payment will be due prior to mailing.

**Credit card on File on Outstanding Balances:** If you have an outstanding balance or cannot pay IN FULL for your deductible / coinsurance at the time of your visit, SMBJ requires a valid credit/debit card on file along with a signed authorization to charge the card for payment. All credit/debit card information is securely encrypted by our card processing company and not visible by SMBJ staff. This is only a requirement if you cannot pay your balance. Once your insurance has processed your claim, they will send an Explanation of Benefits (EOB) to both you & our office showing what your total patient responsibility is. You typically receive the EOB before we do so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately. SMBJ will mail you a statement showing your balance. If you do not pay your statement balance within 14 days of receiving the statement, your card on file will be charged. If you wish to give a different method of payment than the card on file or if you would like to split your balance into multiple payments, call our billing office at 770-822-6853 to make arrangements. You can also pay your balance on our website at [www.southmetroboneandjoint.com](http://www.southmetroboneandjoint.com).

**Outstanding Balances:** Patients with any outstanding balance will be required to pay their balance in full at or before their next appointment. However, payment plans may be accepted with approval of the billing office. If payment arrangements are not made and the account is more than 90 days delinquent, the account may be turned over to a collection agency. In the event your account is turned over to a collection agency, you will be responsible for the fee charged by the agency for collection.

Please initial acknowledging you have read and understand our financial policy on these topics:

\_\_\_\_\_ SMBJ reserves the right to reschedule an appointment if applicable co-pay/open balance is not paid in full at the time of appointment check-in.

\_\_\_\_\_ If you have an open balance or copayment due, you will be expected to resolve it with our billing department prior to being seen. Our physicians and staff are unable to make exceptions to this.

\_\_\_\_\_ I acknowledge that if I miss an appointment & do not cancel my appointment within 24 hours of the appointment, I will be charged \$50 that must be paid prior to being seen again.

South Metro Bone & Joint believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agree to this Financial Policy.

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name (Please Print): \_\_\_\_\_