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## **FINANCIAL POLICY**

Thank you for choosing **ORTHOILLINOIS** as your orthopedic medical care provider. We are committed to building a successful physician-patient relationship. Your understanding of our **Practice Financial Policy** and payment for services is an important part of this relationship. This document sets forth our Financial Policy.

### **Patient Information**

It is your responsibility to provide OrthoIllinois **with accurate patient information** including your name, address, insurance and other required information. It is your responsibility to promptly notify OrthoIllinois of any changes in patient information changes including name, address, insurance and other required information. This information is necessary to facilitate appropriate billing for the services provided to you. Failure to provide timely, complete and accurate information may result in the entire bill being considered patient responsibility.

### **Payments**

You **are responsible for and agree to** pay your portion of fees including but not limited to deductibles, co-payments, co-insurance and patient responsibility amounts. All co-payments, deductibles, co-insurance, patient responsibility amounts, and past-due balances are due at the time of check-in. We accept payment by cash, check and credit card. For insurance patients, we cannot waive co-pays, deductibles, coinsurances. That is a violation of insurance rules.

### **Insurance**

Insurance is a contract between you and your insurance company. In most cases, OrthoIllinois is not a party to this contract. As a courtesy, we will bill your primary insurance company on your behalf. To properly bill your insurance company, you are required to disclose all insurance information, including primary and secondary insurance, and provide any change of insurance information. Failure to timely provide complete and accurate insurance information may result in your bill being considered patient responsibility.

Verification of Provider. Although OrthoIllinois accepts and participates with most major insurance plans (including Medicare) it is your responsibility **to verify** that the providers and practice are authorized providers under your insurance plan. Your insurance company and/or employer should be able to provide you with an authorized provider list. You should contact your

insurance company and verify that OrthoIllinois is a participating provider with your plan prior to making an appointment. If OrthoIllinois is not a provider under your insurance plan, you are responsible for payment in full at the time of the service. If OrthoIllinois is out of network for your insurance company and pays you directly, you will forward payment immediately to OrthoIllinois. If OrthoIllinois is out of network for your insurance company and does not pay, you are responsible for and will forward full payment immediately.

Eligibility and Benefits. It is your responsibility **to understand** your eligibility and benefits. Your insurance company may require additional information from you to assess eligibility for benefits and payment of a submitted claim. It is your responsibility, and you agree to respond timely and promptly to an insurance company request for information. If your information results in a lower or no payment by your insurance company, you are responsible for payment of the balance. If your insurance company denies a claim or declines to pay for a service provided, you are responsible for and agree to forward payment immediately.

Referrals. If your insurance plan requires a referral authorization from your primary care physician and/or a pre-authorization for services, you will need to contact your primary care physician and/or insurance company **to ensure and verify** the authorization has been obtained. If OrthoIllinois has not received the authorization prior to your appointment time, your appointment will be rescheduled. If the failure to obtain the referral or preauthorization results in a lower or no payment from the insurance company, you are responsible for the balance and agree to forward payment immediately.

Surgery. If your provider recommends surgery, your surgery will be scheduled by OrthoIllinois' staff. OrthoIllinois **requires a pre-surgical deposit** equal to a minimum of 50% of your coinsurance and deductible to go forward. Your surgery coinsurance, deductible, or any other amount as determined by your insurance company, is your responsibility. After your insurance company has processed your surgery claim, any amount remaining as a credit will be refunded to you. If your insurance company declines to pay for surgery, you are responsible for and agree to forward payment in full immediately.

## **Self-Pay**

Patients without insurance coverage and/or patients covered by insurance plans which OrthoIllinois does not accept and/or patients without an insurance card on file **are considered self-pay patients.** Self-pay patients are required to pay in full for services at the time of services and will be asked to make payment arrangements prior to services being rendered. Emergency services provided to self-pay patients will be billed to the patient. It is within the sole discretion of the practice whether to consider or offer extended payment plans.

## **Liability and Workers' Compensation**

Worker's Compensation. OrthoIllinois will bill workers' compensation for verified claims. It is your responsibility to provide OrthoIllinois with the employer authorization and contact information for a worker's compensation claim at the time of scheduling. If the claim is denied by

the workers' compensation insurance carrier, OrthoIllinois will submit the claim to your health insurance carrier, with a copy of the worker's compensation denial. If your health insurance carrier claim is denied, you will be responsible and agree to forward payment in full immediately. If your worker's compensation carrier denies the claim and you do not have health insurance, you will be responsible for and agree to forward payment in full immediately.

Liability/Auto/Personal Injury. OrthoIllinois may bill a liability insurance carrier as primary payor for certain verified liability claims. OrthoIllinois will determine whether your claim is recommended for liability insurance carrier billing. It is your responsibility to provide OrthoIllinois with the liability insurance carrier contact information and/or attorney information at the time of scheduling. If submitted to a liability insurance carrier and your claim is denied, OrthoIllinois will submit the claim to your health insurance carrier, with a copy of the liability insurance carrier denial. If your health insurance carrier claim is denied, you will be responsible for and agree to forward payment in full immediately. If your liability insurance carrier denies the claim and you do not have health insurance, you will be responsible for and agree to forward payment in full immediately.

## **Cancellation**

OrthoIllinois physicians and providers are committed to your well-being and have reserved time just for you. If you miss your appointment or cancel within 24 hours, you may be charged a **\$25 cancellation fee**. That fee will be billed to you directly. The cancellation fee will not be submitted to and/or paid by insurance.

## **Penalties**

Any charges incurred by OrthoIllinois in collecting balances owed to OrthoIllinois during the collection process may be **charged to the patient**. Returned checks, credit card chargebacks, or returned payments will incur a minimum \$25 penalty in addition to the balance owed. Accounts with returned payments will be expected to make payments by cash, money order, or cashier's checks only. If you cannot and/or do not pay the balance on your account, the account will be referred to an outside collection agency or an attorney for further action. You are responsible for all collection fees in addition to the amount referred for collections.

## **Questions**

We remain available to answer any questions you may have. Please do not hesitate to call our *financial counsellors* at (815) 484-6991.

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Patient Signature

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Date