

# Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or the Business Manager.

## How May I Pay?

We accept payment by cash, check, VISA, Mastercard, American Express and Discover.

## Do I Need A Referral?

If you have an HMO or managed care plan with which we are contracted, you need a referral from your primary care physician. If we have not received a referral prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

## Which Plans Do You Contract With?

Blue Cross	HMA	Medicare	AZ Foundation
United healthcare	AZ Benefits Options	Healthchoice	Cigna
Healthnet	Bridgeway		

If you are unsure we encourage you to call your insurance company and verify your benefits.

## What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

## Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
<b>Commercial Insurance</b> Also known as indemnity, “regular” insurance, or “80%/20% coverage.”	Payment of the patient responsibility for all office visits, x-ray, injection, and other charges at the time of office visit.	File an insurance claim as a courtesy to you. Any unpaid balance after 45 days will become your responsibility.
<b>PPO plans with which we have a contract</b>	<u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.	File an insurance claim as a courtesy to you. Any unpaid balance after 45 days will become your responsibility.
<b>HMO with which we are <u>not</u> contracted.</b>	Payment in full for office visits, x-ray, injections, and other charges at the time of office visit.	Provide the necessary information for you to complete and file your claim <u>directly with the insurance company.</u>
<b>Point of Service Plan or Out Of Network PPO</b>	Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.	File an insurance claim on your behalf. Any unpaid balance after 45 days will become your responsibility.
<b>Medicare</b>	Any services not covered by Medicare are requested at the time of the visit.  <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.  <u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.	File the claim on your behalf, as well as any claims to your contracted secondary insurance.

If You Have...	You Are Responsible For...	Our Staff Will...
<b>Non-Contracted Medicare Replacement Plans</b>	It is your responsibility to obtain prior authorization. Payment in full is requested at the time of the visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
<b>Worker's Compensation</b>	<p><u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit.</p> <p><u>If we are not able to verify your claim</u> Payment in full is requested at the time of the visit.</p>	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
<b>Worker's Compensation (Out of State)</b>	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
<b>Occupational Injury</b>	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
<b>No Insurance/Self Pay</b>	<p>\$200.00 <u>Deposit</u> due at time of service.</p> <p>You will be billed for services exceeding the deposit amount.</p>	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

## Surgery

If your physician recommends surgery, you will be escorted to his Surgery Scheduler. He/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 Scheduler will request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the Surgery Scheduler.

### What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

*I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.*

*A \$25.00 fee will be added to unpaid balances that are sent to collections.*

*I authorize my insurance benefits be paid directly to Northern Arizona Orthopaedics.*

*I authorize Northern Arizona Orthopaedics to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name