



FINANCIAL POLICY

Welcome and thank you for choosing Thornapple River Orthopedics for your orthopedic care! We are committed to providing you with the best care possible. As your care provider, our relationship is with you and not your insurance company. Therefore, it is necessary for you to know what benefits your insurance plan has for you.

INSURANCE CARDS

It is your responsibility to provide us with your current insurance information at each visit. Please contact your insurance company to obtain any prior authorizations needed prior to your visit. We will submit a claim to your insurance as a courtesy. However, any charges not covered by your insurance plan will be your responsibility.

PAYMENT OPTIONS

For your convenience, we accept cash, checks or credit cards (MasterCard, Visa, and Care Credit for those balances over \$200.00). Co-payments and deductibles are due at the time of service. It is our policy to collect 100% of the anticipated co-pay and deductible for the physicians estimated fee prior to scheduling surgery. You are responsible for knowing your co-payment amount. For patients with no insurance, full payment is required at time of service.

WORKERS' COMPENSATION AND/OR AUTO CLAIMS

If you are requesting treatment for a work related injury, you must obtain prior approval from your employer or workers compensation carrier, including a claim number. In the event there is a dispute filed on your claim or payment is refused for any reason, you will be responsible for all charges.

MISSED APPOINTMENTS / LATE CANCELLATIONS

If you are unable to make your appointment, please call us at least 24 hours in advance to cancel or reschedule the appointment. A "No Show" fee of \$50.00 will be charged for missed appointments or late cancellations.

PATIENT STATEMENTS

Outstanding balances are due within 30 days. If you are unable to pay the balance in full, please contact the billing department.

- A \$10.00 statement fee will be added to accounts with balances more than 60 days past due.
- A final notice for payment will be issued to patients with balances more than 90 days past due.
- Balances not paid in full after 90 days may be sent to a collection agency. Collection agency can contact patients by phone, email or text.
- A \$30.00 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred. We will also require payment of the total amount due prior to any up-coming appointments.
- On occasion a phone call from a Physician or Physician Assistant for medical evaluation or symptom management might be requested by a patient. We offer that service for your convenience, however there may be a charge incurred for this service.

DISABILITY/FMLA FORMS

A fee of \$25 will be charged for the first form and \$10 for any additional forms per each episode. This must be paid in advance of completing the form.

PATIENT FINANCIAL RESPONSIBILITY

I authorize payment of medical benefits by the insured directly to Thornapple River Orthopedics PC. I also request payment of government benefits directly to the party who accepts assignment. I understand that I am financially responsible for payment of all services or materials provided to me or my dependent and for any yearly deductible or co-payment amounts. Furthermore, I understand it is my responsibility to know/understand my insurance plan benefits. I agree to pay all services within 30 days unless a payment plan is negotiated in advance. I authorize Thornapple River Orthopedics PC to release any information required to process my claim. This request shall remain in effect until revoked by myself in writing. I have read and fully understand this financial policy. I also understand that the practice has the right to amend this policy at any time without prior notice to patients.

Medicare

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Thornapple River Orthopedics for any services furnished to me by the provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information need to determine these benefits payable for related services. I hereby authorize Medicare to furnish Thornapple River Orthopedics any information regarding my Medicare claims under Title XVIII of the Social Security Act.

Signature: _____

eff 1/27/2020