



Patient: \_\_\_\_\_

### **PATIENT FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is a part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

### **PATIENT INFORMATION**

A fully completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registrations will be updated by the patient at each visit and will include where the patient can be reached by phone. A signature by the responsible party is required at every visit.

### **INSURANCE CLAIMS**

**PRIMARY INSURANCE:** Greenwood Orthopaedics will file claims with the patient's insurance upon the patient's submission of proof of insurance; (i.e., insurance card indicating coverage, identification number and group number). In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of the service. Upon receipt of the insurance card, Greenwood Orthopaedics will submit the health insurance claim form indicating patient payment at time of service.

**SECONDARY INSURANCE:** Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, the responsibility will be transferred to the patient and due upon receipt.

### **PATIENT FINANCIAL RESPONSIBILITY**

**CO-PAYMENTS AND NON-COVERED SERVICES:** Must be paid at the time of service

**MINORS/DEPENDENTS:** Children under the age of 18 will require the signature of a responsible adult party on the registration form. Registration forms are signed at every visit.

**WORKER'S COMPENSATION:** Worker's compensation will be filed if the patient notifies Greenwood Orthopaedics, prior to the appointment, that this is a Worker's Comp claim along with providing the Worker's Comp Insurance adjustor's name and telephone number. We will then verify with the adjustor that we have authorization to treat the patient as such. Details of the accident will be required and a worker's compensation form will be completed during the visit.

**MOTOR VEHICLE ACCIDENTS:** We can bill **your** automobile insurance company with the charges incurred. However, we will need you to provide your health insurance information as a back-up. We will not bill someone else's automobile insurance for you charges; the patient is responsible for working out (on their own) any 3<sup>rd</sup> party insurance claims. Greenwood Orthopaedics can complete patient's automobile insurance claim forms and details of examination upon patient's signature for release of medical records.

**METHODS OF PAYMENT:** We accept cash, checks, Visa, MasterCard, Discover, and Care Credit. Payments can be accepted by phone, fax, or online at [www.greenwoodortho.com](http://www.greenwoodortho.com)

**RETURNED CHECKS:** All checks returned due to non sufficient funds will have a \$25.00 fee charged to the patient or guarantor.

**ACCOUNTS PAST DUE:** Payment from statement is due by the 15<sup>th</sup> of the following month. Non-compliance may result in preparation of account for small claims court, collection agency and/or credit bureau reporting and possible discharge from the practice. In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees of not less that 30% and court costs. A patient may remit in full for all outstanding charges owed on account and include amounts previously placed with the collection service. Under these circumstances, the physician **may** allow re-establishment of the patient.

**MISSED APPOINTMENTS:** Greenwood Orthopaedics requires a 24-hour notice of appointment cancellation. Appointments missed and not previously cancelled will be documented. Excessive abuse could result in a possible discharge from the practice. You also, may be charged for this missed appointment if we are not given the 24-hour notice.

**MEDICAL RECORDS:** All patients/parents/guardians must complete and sign a Release of Medical Records form before the patients records can be copied and released your records to anyone.

Greenwood Orthopedics has contracted and engaged with HealthPort<sup>®</sup> to provide the records release on our behalf to fulfill your medical record request (known in the healthcare industry as the release of information (ROI) process).

Due to the strict procedural and highly regulated steps involved in the release of information process there will be associated costs; therefore, there is a fee for this service based on regulated rates.

Copy Fee for Patient Records: 1-10 Pages..... \$1.00 per page

11-50 Pages..... \$0.50 per page

51+ Pages.....\$0.25 per page

Copy Fee for Attorneys, Insurance companies, etc.:

1-10 Pages..... \$20.00 for paper/microfilm

11-50 Pages..... \$0.50 per page for paper/microfilm

51+ Pages..... \$0.25 per page for paper/microfilm

Completion of Disability and

FMLA forms: \$20 for each type of form (this is a one-time charge)

**X-RAYS:** You may purchase a disc for \$5.00.

Thank you.

I acknowledge that I have read and understand the Greenwood Orthopaedics Patient Financial Policy.

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Patient/Parent/Guardian Signature

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Date