

UPPER BUCKS ORTHOPAEDIC ASSOCIATION

When seeking medical treatment, patients for their own well being, not only need to understand their medical condition, but also their financial liability. We are here to aid in your financial claim processing, but ultimately it is the patient's responsibility for outstanding balances.

We thank you in advance for taking the time to review these policies and appreciate your compliance and cooperation.

Please feel free to discuss any concerns or questions you may have with our billing staff.

Things to bring with you to your visit

- Health Insurance Card (will be checked at every visit)
- Drivers License
- Method of payment – for your convenience we accept cash, check, debit and credit card. The credit cards we accept are Visa, Master Card and Discover.

Patient out of pocket expenses

- We are obligated to collect the co-pay at the time of your visit. This is a requirement of your insurance plan. Remember to stop at front desk each visit to pay your co-pay.
- Any co-pays not paid at time of service are subject to a \$10 billing fee.
- All payments are due at the time of service.
- For self pay, deductible, or other large amounts we offer Care Credit, credit cards or monthly payment plans for your convenience.

Patient Responsibility

- Minor patients: For all services rendered to minor patients, we will look to the accompanying adult for payment.
- It is the patient's responsibility to provide UBOA with the most up to date insurance information.
- It is also the patient's responsibility to verify benefits of their policy
- We are not liable for any misquoted benefit information. You are fully responsible for verifying benefits of your policy.

Full Pay

- We offer a reasonable discount for cash pay/fee for service patients who have no health insurance coverage.
- Payment in full is expected at the time of visit unless prior arrangements have been made with the billing department.
- You will be asked to sign a waiver stating that you have no health insurance coverage and will not be filing a claim with any health insurance carrier or third party payer.
- We understand you may be applying for Medical Assistance to help defray these costs. We will expect monthly payments on your account until you can prove you have been enrolled for coverage with MA. Any monies collected for services rendered after your eligibility date will be refunded. You are responsible for informing us when you become active with MA.

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HMO plans

- A valid referral is required at the time of service prior to being seen. This is a requirement of your insurance plan.
- If you do not have a referral at the time of your visit, you will be asked to sign a waiver stating you are aware that you are responsible for payment upon check out on that day.
- If a valid referral is obtained and your insurance company reimburses the correct amount, you will be refunded all monies due.

Litigation cases

- We do not get involved with any litigation accounts, disputed work comp cases, divorce decrees or auto accidents. You will be 100% responsible for any balances due.

Returned checks

- There is a \$25 fee for all returned checks.
- Payments after a returned check are cash or credit card only.

Credit card payment plan policy

- You will be asked to review and sign our credit card on file policy and authorization form.
- Your credit card will be billed for fees not covered by your insurance and according to the agreed upon monthly payment plan.

Outstanding balances/Collections

- Prior to providing additional services to you, payment in full of total outstanding balances will be required.
- Patients with two or more delinquent accounts, or delinquent accounts greater than \$500, will be discharged from the practice.
- Billing statements will be mailed for balances that are denied or deemed patient responsibility. Payment is expected within three weeks of the billing date. If no payment has been received a second statement will be sent. In the event a third statement is required, additional collection steps will be taken. Your failure to make payment may result in your account being turned over to a third party collection agency who reports to the credit bureau.

Refunds

- Refunds are issued to the appropriate party. Patient refunds will not be processed until all active or past due charges are paid in full. Refunds of less than \$5 will not be issued.

I have read and understand Upper Bucks Orthopaedic's financial policy.

Printed Name

Date of Birth

Patient name if minor

Signature

Date

Relationship to patient: ____ Self ____ Parent ____ Other _____