



## PATIENT FINANCIAL POLICY

This is an agreement between Boise Orthopedic Clinic and the Patient/Guarantor named below. By signing this agreement, you are acknowledging that you understand our insurance and financial policies and are agreeing to pay for all services that are received.

### **Initial Visit**

Please provide us with your insurance card and billing information if you would like us to bill your insurance for you. Otherwise, payment in full will be required at the time of your visit.

### **Health Insurance & Workers Compensation**

We will bill your insurance company as a courtesy to you. Each insurance company has its own rules for determining how much they will pay on each claim. We will try to answer any questions you have about your insurance; however, your policy is a contract between you and your insurance company. **It is your responsibility to know your insurance policy and be familiar with your coverage.** You should contact your insurance company if you have questions regarding coverage, preauthorization requirements or payment of your claims. We do not accept assignment on out-of-state worker's compensation claims and we will require that you pay for any charges not covered by insurance on out-of-state claims. If your insurance company denies your claim, including worker's compensation, you are responsible for payment in full.

### **Personal Injury, Auto and Third Party**

We require payment at time of service. We do not bill liability insurance carriers or your attorney for charges incurred due to personal injury cases.

### **Medicare**

We participate with Original Medicare and some Part C Plans including True Blue. If you have a Part C Private Fee-for-Service (Medicare Advantage) Plan we will expect that the terms, coverage and payment schedule will be no less than Original Medicare. Your Part C Private Fee-for-Service Plan is a contract between you and your insurer. It is your responsibility to know whether your Medicare Advantage plan requires preauthorization or a second opinion. If your Private Part C Medicare Plan denies your claim or reduces

payment for services we provide to you, you are responsible for payment equal to what Original Medicare will allow for the service.

### **Surgery Estimate and Prepayment**

If you require surgery, as part of the pre-operative process we will make an estimate of the fees. The actual charges billed for your surgery will reflect the procedures performed and may differ from the estimate. Prepayment is due at your final pre-operative appointment as follows:

- Health Insurance Plans: unmet deductible and estimated co-pay
- Self-Pay: one-third of estimated fees

### **Payments & Monthly Processing Fees**

Unless we approve other arrangements in writing, the balance on your statement is due upon receipt. If payment is not received, we reserve the right to refuse future appointments on delinquent accounts. If your account becomes past due, we will take necessary steps to collect this debt. All unpaid accounts for which payment arrangements have not been made are subject to collection procedures and additional collection costs. We charge a \$10 monthly processing fee on accounts that are over 90 days old.

### **Payment Options**

- You may pay by cash, check, credit card or CareCredit
- Three equal payments within 90 days from the date of service
- Payment plans extending beyond 90 days must be agreed to in writing by this office and will be subject to a \$10 monthly processing fee. Unpaid, delinquent balances are subject to collection procedures and additional collection costs.

**I have read, understand and agree to comply with these policies.**

**I acknowledge receipt of Boise Orthopedic Clinic's Notice of Privacy Practices.**

Date: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

SIGNATURE OF PATIENT/RESPONSIBLE PARTY

\_\_\_\_\_  
PRINT NAME OF PATIENT