

Welcome to Scott Orthopedic Center!

You are important to us at Scott Orthopedic Center, and we want to do everything we can to make your visit a pleasant experience. We hope you'll understand that certain financial and billing policies are necessary to maintain good service to our patients.

ULTIMATE FINANCIAL RESPONSIBILITY: Please remember that your insurance coverage is a contract between you and your insurance company, but your treatment here is a financial obligation of yours. You are still responsible for payment of your account.

"IN-NETWORK VS. OUT OF NETWORK": These lists change constantly. We try to always have accurate information, but it is ultimately your responsibility to confirm with your insurance company that we are on their list of network providers. If we treat you and your insurance concludes we are not in network, you can suffer a substantial financial penalty. Our charge can be much higher than what the insurance will pay.

INSURANCE: We will bill all PRIMARY insurance companies and secondary insurance. Please provide with complete and accurate insurance information, as well as any changes of address, telephone number, or employer.

PRE-CERTIFICATION: Many tests require pre-certification from your insurance company and if pre-certification is not obtained you can suffer a substantial financial penalty. We try to be aware of these requirements but we can't possibly know them all. It is ultimately your responsibility to notify the insurance company or to make our office personnel aware of any pre-certification requirement.

PPO/HMO: All require a referral/confirmation form prior to the office visit or the PPO/HMO will not pay for the services.

CO-PAYMENTS & DEDUCTIBLES: All insurance companies require that the physician collect all co-pays and deductibles from the patient, and we need to collect them TODAY. Payment may be made by cash, check, VISA, or MasterCard.

MEDICARE: We are a participating office. We will file your Medicare claims and your Medicare secondary insurance claims if you will provide us with the information. If we dispense an appliance or brace to you, Medicare may not pay for it, and you will be responsible for the charge.

NONINSURED: Payment is due at the time of service. If you need to make payment arrangements, please contact our billing department prior to your appointment.

AUTO ACCIDENTS AND PERSONAL INJURY: All auto accident and personal injury patients are required to pay at the time of service. Please bring all your auto/homeowner's information with you. An itemized statement will be given to the patient upon request. If you have private health insurance, please provide us with the insurance information for billing purposes. If you need to make payment arrangements, please contact our billing department prior to appointment.

If you have any questions about these policies, please contact our billing department at 304-525-6905, Monday-Friday. 8:30 a.m. until 5:00 p.m.

I have read and understand this financial policy; I understand my insurance coverage is a contract between myself and my insurance company, and I agree to accept financial responsibility for payment of charges incurred for services rendered either to me or to my dependent(s). **The patient or guarantor is responsible for all fees associated with collection of past due accounts including any collection fee.** I authorize Scott Orthopedic Center to release any information acquired in the course of treatment to my insurance company, employer, or other third party who is paying the bill. I authorize payment to be made directly to Scott Orthopedic Center for all services. I have received a copy of the "Notice of Privacy Practices and Procedures" and have had any questions answered to my satisfaction.

Signature _____ Date _____