

# Northwest Orthopaedic Surgery

## Financial Policy

**Patient Name (Last, First):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Thank you for choosing Northwest Orthopaedic Surgery. It is important that we work together to assure that payment for services is as simple and straightforward as possible. The insurance marketplace has become increasingly complex for both patients and providers. We continue to adapt as the insurance providers, policies, and rules change. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office promptly of any changes in your information (e.g. name, address, phone/email, insurance changes).

Northwest Orthopaedic Surgery participates with many Commercial insurance plans and Medicare. We do not participate in Medi-Cal (Medicaid), and we do not participate in certain HMOs. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility. If we do not have a contract with your insurance company or HMO, you are responsible for payment in full and are considered to be Direct Pay (Self Pay). Our office has competitive Direct Pay rates.

### Medicare

As a Medicare patient, you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance with a company with whom we are contracted, we will bill your secondary insurance for you. Any remaining balance will be billed to you.

### PPO Plans

As a component of our contracts, we collect co-payments for every visit. If you have not met your deductible, we will collect a deposit toward your services. You will receive a statement for the remaining balance after your insurance plan processes your claim.

### HMO Plans

HMO plans and participating providers can change from time to time, and rules for specialist referral have become increasingly complicated. Call your HMO plan directly to see if we are in network prior to scheduling an appointment. If you are insured through an HMO that is contracted with Northwest Orthopaedic Surgery, a referral is required from your primary care physician. If we do not receive a referral, we will require payment at the time of service.

### Workers' Compensation

If your injury has been filed as a workers' compensation injury, we must receive an authorization with claim information before confirming an appointment. If this information has not been provided, you will need have your adjuster contact us prior to scheduling your appointment.

### **Direct Pay (Self Pay)**

We offer a discount for self pay for our services, including initial consultation, return visits, and procedures (injections, casting, surgeries). Please call our office for further details. All fees are due at the time of service.

### **Payment Plans**

If you are experiencing true financial hardship and are in need of special payment arrangements, please contact us prior to your visit. We will do our best to work with you to achieve a mutually satisfactory payment plan. Co-pays are exempt as insurance companies require us to collect your co-pay at the time of your office visit.

### **Please Read Carefully, Initial under each statement, and Sign below.**

#### **Necessary Items: Insurance Card/Driver's License (ID)/Payment**

I understand that if I do not have my insurance card, referral, driver's license/ID card, and/or co-payments, that my appointment may be rescheduled until such time that I can provide the required documents or payments. I understand that it is my responsibility to provide current and accurate insurance information at each visit, as required by my insurance company.

I Agree

#### **Payment for Services Rendered**

I understand that Northwest Orthopaedic Surgery will collect all copayments at the time of visit and any procedure deductibles and coinsurance up to an amount equal to payment in full for the planned procedure code. Payment in full and expected coinsurance payment responsibility are determined by the anticipated billing code(s), details of your Insurance policy, and agreement between your insurance company and Northwest Orthopaedic Surgery. Any overpayment to your account will be refunded to you at your request after payment and/or remittance has been received from your insurance company.

I Agree

#### **Methods of Payment**

We accept Credit cards, Debit Cards, Cash, and most Electronic forms of payment (e.g. ApplePay, AndroidPay, and SamsungPay). We do not accept checks.

I Agree

#### **Missed Appointments**

I understand that if I am unable to make a scheduled appointment I need to contact Northwest Orthopaedic Surgery at least 24 hours before my scheduled appointment time. Missed

appointments adversely affect our schedule and inconvenience other patients. We do not charge for missed appointments at this time. However, after a missed appointment we require prepayment for the next visit; you will be charged \$200 (Self Pay) or \$100 (Insured Patients), due at the time you schedule your next appointment. That charge will be credited towards your future balance. Keeping your regularly scheduled appointment helps us to serve you better (as well as other patients waiting for appointments).

I Agree

### **Fees for Completion of Forms**

There is a minimum charge of \$35 to complete forms such as disability or FMLA forms. This compensates us for the required time, effort, and resources that our skilled staff must invest in order to complete these forms.

I Agree

### **Nonpayment of Outstanding Balances**

Balances over 60 days delinquent will be charged to the credit card we have on file unless otherwise noted. It is my responsibility to provide my insurance company with the requested information needed in order to process a claim for services. It is also my responsibility to notify Northwest Orthopaedic Surgery if there is any change in my insurance coverage, home address, phone number, and/or email. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from the practice.

I Agree

### **Delinquent Accounts**

I understand that if my account balance is not paid in full within 90 days of a statement date, a 35% collection agency processing fee will be added to the outstanding balance and my account will be turned over to collections for further processing. No additional appointments will be made for delinquent accounts until they are brought current. I also understand that I might be discharged from the practice.

I Agree

### **ULTIMATELY, IT IS UP TO ME TO KNOW MY INSURANCE BENEFITS.**

I Agree

By signing below, I acknowledge that I have read and agree to all of the provisions of the above financial policy. I understand that I am ultimately responsible for all professional fees incurred for

professional services performed at Northwest Orthopaedic Surgery. A copy of this policy is available on our website ([www.nworthosurgery.com](http://www.nworthosurgery.com)) and can be provided upon request.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

### **Assignment of Benefits**

We require insured patients to complete assignment of benefits authorizing Insurance to remit payment to Northwest Orthopaedic Surgery.

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance, and any other health plans to Northwest Orthopaedic Surgery. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not they are paid by my insurance. I hereby authorize release of all medical information necessary to secure the payment.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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