

Financial Policy

We are committed to providing the best possible care to our patients and feel this goal is best achieved if our patients are aware of our office policies. Your clear understanding of our financial policy is important to our professional relationship.

Timely Payment:

We are doing everything possible to keep the cost of medical care down in our practice. You can help a great deal by eliminating the need for us to bill you. **Full payment is expected at the time of service unless other arrangements have been made in advance.** This especially includes applicable deductibles, co-insurance and co-payments for participating insurance companies. Our office accepts cash, personal checks, Visa and Master Card. You will be given an itemized statement each time you are seen in our office when requested.

Benefit packages provided by insurance companies vary from employer to employer. It is vital that you make yourself aware of benefits as stated on *your* policy. We will bill the insurance companies with whom we are contracted, but if we are not paid in a timely fashion, you may be expected to pay the bill in full. Except as provided by such contract or by state law, we are obligated to hold you responsible for all charges.

If you are experiencing financial difficulties, please let our billing department know. In most cases a patient present in our office, with an urgent problem, will not be turned away because of financial problems.

Referrals:

If your insurance plan requires a referral in order for you to see a specialist, please contact your primary care physician to confirm that one has been issued to our physicians prior to any appointment.

Medicare:

There are physicians and mid level providers in this group who do not participate in Medicare. Services from participating providers will be billed to Medicare in the standard fashion. Services provided by opted out physicians or mid level providers associated with these physicians require a Medicare Private Contract. This is true whether Medicare is your primary or your secondary insurance.

Returned Checks:

There is a \$30.00 charge for any check returned to us from the bank unpaid plus applicable charges added by our outside collection agency. Returned checks are also reported to the Attorney General.

ADAM I. HARRIS, M.D.
EDDIE A. GARCIA, M.D.
AMANDA D. MARSHALL, M.D.

Collections:

All fees are due at the time of service. Any charges remaining unpaid sixty (60) days after the date of service are considered past due. In this case, we will make every effort to contact the person responsible for the delinquent balance, and arrange an equitable payment schedule. However, if no effort is made to pay the balance due, it may be sent to an outside collection agency. In this situation, the patient may be asked to seek medical care elsewhere.

Payment arrangements on outstanding balances will be carried no longer than a four (4) month period.

- I have read and understand the San Antonio Orthopaedic Specialists financial policy.
- I agree to keep San Antonio Orthopaedic Specialists accurately informed of my insurance status and to assign benefits to San Antonio Orthopaedic Specialists if necessary. I also understand that should I fail to do so, I will be responsible for payment in full immediately.
- I agree to keep San Antonio Orthopaedic Specialists accurately informed of my current mailing address and telephone numbers.
- I agree that if it becomes necessary to forward my account to a collection agency, I will be responsible for any processing fees in addition to the original amount due.

Patient Name (Please Print)

Responsible Party Name (Please Print)

Patient/Responsible Party Signature

____/____/_____
Date