

OFFICE POLICIES

**Payment in full is due at time of service. It is not our policy to bill.
We accept Cash, Check, MasterCard and Visa.**

Thank you for choosing Heartland Hand and Spine Orthopaedic Center as your orthopaedic provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Office Policy that we require you read and sign prior to any treatment. All patients must complete our demographic, insurance and medical forms prior to seeing a provider. **Remember that appointment times are guidelines only, the physician will spend as much time as needed to fulfill each individual patients' needs, this and emergency cases can lead to a slight in the daily schedule.**

Medication Refills: Our office WILL NOT refill any prescription after 4:30 pm, on weekends, or on holidays. If you are taking any pain medication, we cannot give out anymore than 30 pills in a 7-day period.

X-Rays: All x-ray requests need to be made at least 48 hours in advance; **this includes x-rays taken here as well as x-rays brought or sent here from another facility.** All x-rays taken at this facility are a part of our permanent records and are the property of this office. If you wish to take your x-rays to another **licensed** physician, copies will be made available at a charge of \$10 per film to be paid in advance. This assures payment is received prior to copies being made and will give our radiology technician adequate time to get your films copied.

Medical Records: Once a week an outside copy service (Copies F.Y.I.) comes into our office to process all incoming requests for copies of medical records. **You will be responsible for their customary charge for copies.** We require **at least one week advance notice for copies of medical records.** Original records **WILL NOT** leave this office. A release must be completed and signed by the patient or guardian of the patient prior to copies of records being sent.

Workers Compensation Patients: You must fill out your portion of the forms completely in order for us to file to your workers compensation insurance. Social Security Number, Date of Injury and a description of injury is a must in order for the insurance to recognize our billing. The case manager, insurance company or your employer, must make all appointments that are not scheduled immediately following each visit, this includes any changes in scheduled appointments.

Regarding Insurance: We may accept assignment of insurance benefits. However, we do require any co-pay or remaining portion of the bill to be paid in full at the time of service. We cannot bill your insurance company unless you give us accurate insurance information in full, including a copy of your card at or before your first visit. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid your account in full within 45 days the balance is your responsibility whether your insurance company pays or not. Please be aware that some supplies that are used are considered non-covered by many insurance plans and will be your responsibility. Regarding insurance plans in which we are a participating provider, all co-pays are due prior to treatment. In the event that your insurance coverage changes to a plan where we are not a participating provider, payment for additional services or any remaining balance will become your responsibility.

Release of Information and Authorization to Pay Insurance Benefits: This facility may disclose all or any part of the record of the patient to any group or organization which is or may be liable for or responsible for payment of all or part of the facility's charges, including, but not limited to, insurance companies, medical or hospital service companies, workers' compensation carriers, employers and welfare funds. I certify that the information given by me in applying for payment under Title XVIII or Title XIX of the Social Security Act is correct. I authorize any holder of medical or other information about the patient to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized Basic Benefits, as well as Major Medical Benefits, be made on behalf of the patient directly to said providers.

Pre-certification / Authorization / Referrals: Referrals for office visits and radiology is the patients' responsibility. Our staff will assist you in any way we can but if you are seen without a referral payment will be expected from you. Pre-certification for surgery will be done by our staff providing we have all of your insurance information. Our office will initiate authorization for additional tests or therapy and we will assist you in scheduling these tests and/or therapy.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is reasonable for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients: The adult (parent or guardian) accompanying the minor is responsible for the bill and/or getting the correct insurance information to our office. We do not contact or bill third parties. Unaccompanied minors here for non-emergency treatment will be rescheduled, unless consent form and payment arrangements have been taken care of prior to treatment.

Disability Forms: There is a \$15.50 fee for filling out a Disability Form. These are done in the order they are received and will be sent to the patient or insurance when completed.

Signature of Patient or Responsible Party signifies you have read and understand the policies above.
(Office policies will be enforced regardless of agreement by patient or responsible party)

Date