AMERICAN BOARD OF
ORTHOPEDIC SURGERY

CASCADE ORTHOPAEDIC GROUP, P.C.
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FINANCIAL POLICY

Your Insurance coverage is a contract between you and your Insurance company. You are ultimately responsible for payment of your account.

INSURANCE:

We bill PRIMARY and SECONDARY insurance companies. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone number or employer. You will receive a statement for any remaining balance after your insurance pays. We will trace any unpaid claims.

Our office works with more than 500 different insurers with very different benefits and we do not have first hand knowledge of your coverage. If you have questions regarding your insurance coverage, please call your insurance company.

Health insurance with high patient co-insurance and deductibles can mean greater out of pocket cost for patients. We do require a deposit for any surgical procedure if the deductible is $500.00 or more. Please see our billing specialist who will facilitate setting up a payment plan. Collecting past due accounts add cost to operating a medical office. We accept cash, checks, VISA and MasterCard. We expect payment at the time of service. Our costs are substantially increased when bills are not paid promptly. Please come to your office visit prepared to pay co-payments, deductibles and any past due balances.

Reminder: Please bring your insurance card(s) for each visit.

MEDICARE:

We are a participating clinic. We accept assignment on Medicare claims. You will receive your statement after Medicare has processed your claim.

UNINSURED, MOTOR VEHICLE ACCIDENT, OR THIRD PARTY CLAIMS:

Payment in full is required for services rendered at the time of your initial visit. If return appointments are necessary, the office manager will discuss billing arrangements and/or a monthly plan prior to scheduling. We offer a 10% discount for cash payment. There will be a $35 charge per dishonored check.

DISABILITY FORMS:

We will process disability forms for $20.00 per request.

CANCELATION / NO SHOW:

Late cancellation, less than 24 hours notice, and / or a NO SHOW for your visit will result in a fee of $25.00.

DURABLE MEDICAL SUPPLIES:

Bracing, injectables and casting may not be a covered service by insurance. We will ask that you sign a waiver in advance of receiving any supplies.

If the medical problem for which you are seeing a Cascade Orthopaedic Group physician involves an attorney, monthly payments by the patient are required. We do not wait for payment until the time of settlement is reached.

I give permission to release medical information for the purpose of processing insurance claims. I request that payment of insurance benefits be made directly to Cascade Orthopaedic Group and permit a copy of this authorization.

I have read and understand this financial policy.

Signature

(parent or guardian if patient is a minor)

Date

White copy: Office

Yellow Copy: Patient