



Hartford Orthopedic Surgeons Financial Policy

As a patient of Hartford Orthopedic Surgeons, you are required to sign a financial responsibility and authorization for treatment form. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time.

Your clear understanding of our Financial Policy is important to our professional relationship.

FORMS OF PAYMENT: We accept Cash, Checks, Visa, MasterCard and Care Credit®. A returned check fee of \$35.00 per check returned from your bank for non-payment or insufficient funds is assessed to a patient's account.

"NO SHOW" FEES: There is a \$25 "NO SHOW" fee for an appointment not cancelled within 24 hours. A "no show" for a surgical procedure is \$100.

COPAYMENTS: Your insurance REQUIRES that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. **Without it, you may be required to reschedule.**

OUTSTANDING BALANCES: All outstanding balances are the responsibility of the patient. **There is a monthly processing fee of \$15 for any unpaid balance past 60 days** (after we have received payment from your insurance company). If you have been billed more than once without payment, you may be unable to schedule an appointment or be required to reschedule an existing appointment. Chronic non-payment of your outstanding balances can constitute severance from the Practice.

ESTIMATED SURGICAL DEPOSITS: Should you decide or require surgery, you are responsible for any and ALL fees, such as co-pays, co-insurance, deductibles or out-of-pocket expenses for our surgeon's fee, which your insurance company makes you responsible for. Our practice requires payment of these fees prior to your surgical procedure. Our Billing Department will contact you with information pertaining to the amount you are responsible for. Please note; our fees are separate from the hospital or ambulatory surgical center and the anesthesiologist. Additional questions should be directed to your insurance company. **Refusal to pay these fees can result in rescheduling or cancellation of your surgery.**

CARE CREDIT®: We offer finance options through CareCredit®. There are different plans available based on the amount you need and the length of time it will take to pay off the balance. Please ask to speak to our Billing Department for further details and information on how to apply. *(You must be 18 years or older and have a valid government issued ID and other form of credit to apply)*

URGENT CARE/WALK-INS: As a courtesy to our patients, we accept most Insurances. If we do not accept your insurance, there is a flat \$200 New Visit fee. This fee includes your time with the Provider and the exam. Any services over and above would be charged additionally with a discounted rate similar to those provided to Insurance. Examples of additional charges would be radiology exams, injections, braces, casts, splints, fracture reduction and the like. Just ask if you have a question.

Over please

INSURANCE REFERRALS: If your insurance plan requires a referral from your primary care physician it is YOUR responsibility to obtain the referral prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, **you may have to reschedule your appointment.**

HEALTHCARE REFERRALS: Our physicians may refer you to another provider for additional treatment or testing. Of course, you have the right to seek care from the provider of your choice. Please refer to the toll free number on your insurance card to obtain information regarding in-network providers and estimated out-of-pocket costs for any referred services.

ACCIDENT/WORKERS COMP CASES: Patients shall be financially responsible for medical services related to accident/workers comp which are denied. Patients **must** notify Hartford Orthopedic Surgeons of the date of injury, claim #, insurance company address, phone #, and contact person’s name prior to coming to the office. If Worker Compensation is denied, and you have private health insurance, they may be billed. We will require, for this reason, your private insurance information. If neither Comp nor private insurance pays, you, the patient are responsible for payment.

EXCHANGE PROGRAMS IN CT: Hartford Orthopedic Surgeons does participate with the following “Exchange” programs; **Anthem, Connecticare and Healthy CT.**

NON-PARTICIPATING INSURANCE PLANS or “OUT OF NETWORK”: I understand if I elect to be treated by any physician or any provider at Hartford Orthopedic Surgeons who does not participate in my insurance plan, I am directly responsible for my balances, and may not be reimbursed by insurance. Further, I understand I am responsible for care not covered by my insurance plan, such as DME or Orthotic devices. **Please initial** _____

THIRD PARTY INSURANCE FORMS (DISABILITY, FMLA ETC), X-Rays and Medical Records

There is a charge for completing any form that is not directly related to a reimbursement of medical services. Our Practice charges \$20 per FMLA form and \$10 per form for Disability forms. Form services must be paid in full prior to completion. For compliance purposes, the patient information portion of the form must be completed and signed prior to acceptance, along with payment. There is .65 cents per page charge for copying/sending medical records.

INSURANCE RELEASE INFORMATION

I hereby authorize the office of HARTFORD ORTHOPEDIC SURGEONS, P.C., to release to my insurance company any necessary information needed to file and expedite payment on my claim. I further assign any benefits payable on my behalf to HARTFORD ORTHOPEDIC SURGEONS, P.C. I understand I am financially responsible for any balance not covered by my insurance carrier.

I have read and understand the Financial Policies of Hartford Orthopedic Surgeons and agree to comply with this Financial Policy. In addition, Hartford Orthopedic Surgeons has my permission to provide medical documentation in order to obtain reimbursement.

Patient Name (Please Print)

Date

Patient Signature (or Representative Guarantor)