

Midwest Orthopaedics, P.A.
8800 W. 75th St. Suite 350
Shawnee Mission, KS 66204



Tel. (913)362-8317
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PATIENT FINANCIAL POLICY

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. Please ask if you have any questions about our fees, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR

WE WILL ASK TO SEE YOUR INSURANCE CARD ON YOUR FIRST VISIT AND WILL SCAN YOUR CARD INTO OUR SYSTEM AS NEEDED TO KEEP OUR INFORMATION CURRENT. WE MAY ASK FOR THIS INFORMATION ON A REGULAR BASIS IN ORDER TO ENSURE THAT NO CHANGE IN BENEFITS OR CARRIER HAS OCCURRED. PLEASE NOTIFY US IF YOUR INSURANCE CARRIER OR POLICY HAS CHANGED.

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.

SELF-PAY: Self-pay accounts shall exist if a patient has no insurance coverage or no evidence of insurance coverage. For new patients, a payment of \$250.00 is expected on the day of your appointment before being seen by the health care provider. If you are unable to pay the \$250 please contact the billing office prior to your appointment. A discount off regular fees is offered for payment made at time of service.

NON-PARTICIPATING INSURANCE PLANS: As a service to our patients, we will bill as a non-assigned claim. Any outstanding balances are the responsibility of the patient.

REFERRALS: If your insurance plan requires a referral from your primary care physician it is YOUR responsibility to obtain it 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 BE REQUIRED TO RESCHEDULE.

ACCIDENT/WORKERS COMP CASES: For any work comp cases, appointments will only be scheduled through the work comp carrier. Auto accident cases require the date of injury, claim#, insurance company address, phone#, and contact person from the insurance company. Patients shall be financially responsible for medical services related to accident/workers comp if insurance fails to pay in full.

MEDICARE: We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the co-insurance, which can be billed to a secondary insurance if you have one.

RETURNED CHECK FEES: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a \$25.00 fee per check returned.

DISABILITY FORMS/PAPERWORK: There is a \$15 per form fee for the completion of paperwork or forms relating to disability. This fee is collected prior to completion of the paperwork, and for each time the paperwork is required. Allow five working days for completion of forms.

WE ACCEPT CASH, MASTERCARD, VISA, AND CHECKS. YOU MAY ALSO MAKE CREDIT CARD PAYMENTS BY PHONE.
If you have any questions please call Jennifer Garbay, CPC (billing manager) at 913-322-7815.

RESPONSIBLE PARTY SIGNATURE: _____ **DATE:** _____

Patient Name (if different from Responsible Party): _____