



## PATIENT FINANCIAL POLICY ACKNOWLEDGEMENT

*Effective July 1, 2005*

This is an agreement between Orthopaedic Associates of Northern New Mexico, P.C. and the Patient/Guarantor named below. By signing this agreement, you are acknowledging that you understand our insurance and financial policies and are agreeing to pay for all services that are received.

### Payment Due at Time of Service

Full payment is due at the time of service. Full payment is defined as any portion of the charges which are not covered by insurance in which the physicians are participating providers. Charges not covered by insurance may include co-payments, deductible, co-insurance and/or charges for non-covered services.

### Surgery Estimate and Prepayment

If you require surgery, as part of the pre-operative process we will make an estimate of the fees. The actual charges billed for your surgery will reflect the procedures performed and may differ from the estimate. Prepayment is due at your final pre-operative appointment as follows:

- Health Insurance Plans: unmet deductible and estimated co-pay
- Self-Pay: at least one-third of estimated fees

### Health Insurance & Workers Compensation

We will bill your insurance company as a courtesy to you. Each insurance company has its own rules for determining how much they will pay on each claim. Because your policy is a contract between you and your insurance company, it is your responsibility to know your insurance policy and be familiar with your coverage. If your insurance has not paid your bill within 45 days, you are required to pay the balance owed. You should contact your insurance company immediately if you have questions regarding coverage or payment of your claims.

**DO NOT present your health insurance as payment for a Workers Compensation injury! Both Insurance companies may deny your claim; you will then be responsible for payment in full.**

We do not accept assignment on out-of-state worker's compensation claims. You will be required to pay for any charges not covered by insurance on out-of-state claims. If your insurance company denies your claim (including a worker's

compensation claim), you are responsible for payment in full.

### Referrals

If a referral or prior approval is required, it is your responsibility to obtain the referral or approval before your visit. Failure to do so could result in an interruption of your care.

### Personal Injury, Auto and Third Party

We require payment at time of service. We do not bill your attorney or any other party for charges incurred due to personal injury cases.

### Payments & Finance Charges

Unless we approve other arrangements in writing, the balance on your statement is due upon receipt. If payment is not received, we reserve the right to refuse future appointments on delinquent accounts. If your account becomes past due, we will take necessary steps to collect this debt. All unpaid accounts for which payment arrangements have not been made are subject to collection procedures and additional collection costs.

### Payment Options

- You may pay by cash, check or credit card at the time services are provided.
- Three equal payments within 90 days from the date of service. You will be provided with payment coupons.
- Payment plans extending beyond 90 days must be agreed to in writing by the Billing Team. If no payment plan is in place, your unpaid balance is subject to collection procedures and additional collection costs. Ask your Billing Representative for more information regarding payment plans. (Payment coupons will be provided for your convenience. You will **not** be invoiced each month for your outstanding balance.)

Once your course of treatment has ended, please ask a Billing Representative for a re-evaluation of your account balance. Other payment options may be available to you at that time.

**I have read, understand and agree to comply with these policies.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
PRINT NAME OF PATIENT

X

\_\_\_\_\_  
SIGNATURE OF PATIENT/RESPONSIBLE PARTY