

ADVANCED ORTHOPAEDIC SURGERY CENTER REGISTRATION / FINANCIAL POLICY

If the patient is a minor: The parent, a legal guardian or an authorized person (in writing), must sign.
If the patient is incompetent: A legal guardian or conservator must sign.

If the patient cannot comprehend these policies, he/she understands that the appointment will need to be rescheduled until an interpreter can translate.

Medical Consent / Minor Consent: The undersigned consents to any and all medical treatment, x-ray examinations, lab procedures, medical and surgical treatment or hospital services under the general supervision of or upon the advice of the physician.

Advanced Orthopaedic Surgery Center (AOSC) accepts all PPO plans. This does NOT mean we are contracted with all PPO plans. As you know, there are many different and individualized insurance policies available today. For this reason, each patient is responsible to understand and comply with the specific requirements of their particular insurance policy, including but not limited to:

- If AOSC is a contracted or not a contracted provider with your insurance company;
- Co-payments / Co-insurances
- Deductible amount responsibilities.

These co-payments, co-insurances, and/or deductible amounts are payable at time of service. Our office visit charges range from \$200 - \$660; consultations \$150 - \$900. These ranges do not include any radiologic, surgical or supply charges. It is also the patient's responsibility to provide AOSC with all the information needed to establish and submit a claim on their behalf.

AOSC bills all insurance companies. If you are covered by a plan we have contracted with, you will be asked to pay at the time of service for your visit copay, plus any unmet deductible and coinsurance amount, up to the contracted rate for office visits, x-rays, surgical procedures, and injections. After your insurance company processes the claim for the services you received, a statement will be sent to you for the amount you are responsible to pay. A **late fee of \$10.00** will incur if we have to bill you a second time.

I understand that I am personally responsible for payment of all charges incurred in the event that my claim is not paid/denied by my insurance.

Worker Compensation Claims: I understand that if I have been injured while on the job, it is my responsibility to establish a claim with my employer's workers' compensation carrier. I further acknowledge that it is my responsibility to provide ALL necessary information to AOSC, to allow them to submit a claim for services rendered on my behalf.

If you have no insurance, please remit your office visit payment at the time of service. If follow up care is scheduled, full payment of the service is expected. ***For all payments due including deductibles and co-insurance we accept: Cash, Check, Credit card, and Care Credit which is an outside company that offers convenient payment plans.***

We prefer all our accounts to be reconciled within three months. If no response is received to our initial statement or three months elapses without a payment, your account will be turned over to a collection company for further collection process. A **\$10 fee** will be assessed to your account if this step is necessary.

All returned checks will be assessed a **\$15 fee** and the account will immediately be sent to collections.

I have read and understand the above policy:

Patient Name

Patient or Guarantor's Signature

Date