

Bayside Orthopaedics, Sports Medicine & Rehabilitation Center, PC
FINANCIAL POLICY

Name: _____

Chart#: _____

Payment is expected at the time of service. Cash, checks, and debit/credit cards are accepted. While we will bill health care insurance companies directly and assist in the claims process, remember that payment for services is ultimately the patient's responsibility. We recommend that patients verify their coverage with their insurance carriers prior to receiving medical care. For your convenience we offer the opportunity to have your monthly payment debited from your checking account or a monthly charge made to your credit card until your balance is satisfied. Please ask for details!

Patients with insurance:

1. We accept most health insurance plans, upon presentation of an insurance card and verification of your coverage. We will bill your health insurance companies directly within 24 hours of service. **Co-pays must be paid at the time of service.** Once your insurance has paid us, you will receive a statement if there is a balance due to co-insurance, deductibles, or non-covered services. Payment is expected within 60 days. Patient balances remaining unpaid after 60 days will be turned over to our in-house collections department. If you do not respond to our requests for payment, your account will be turned over to an outside collection agency and reported to the credit bureaus after 90 days from the first billing.
2. We do **not** bill third party insurers (e. g. auto insurance). You will be considered as a Self Pay account for this activity only. See guidelines that follow. We will be happy to provide you with billing information in order for you to recover your expenses for auto accidents, slip and fall, third party liability, etc.
3. Should your insurance carrier contact you regarding your condition or services rendered, please respond to them immediately as this delays payment to us on your account.

Self-Pay Patients:

Our physicians accept discounted fees from insurance carriers and are willing to negotiate a discount for those without insurance or choose to be self-insured.

1. **Office Visits:** Patients are eligible for a 25% discount if payment is made at the time of service; unless treatment is an emergency, patient must reschedule appointment if not prepared to pay. (Minimum payment on day of service: \$200*)
2. **Fracture Care:** Fracture care fees include all follow-up visits for 45 days. Also, included in this fee is any casting on the first visit. X-rays and subsequent castings are additional charges. Patients are eligible for a 35% discount of our established fee if 50% of the discounted fee is paid in advance and account is paid in full within 6 months. Accounts turned over to collections will be charged the full fee. (Minimum payment on the first day of service: \$200*)
(*or total discounted charges if less than \$200).
3. **Surgeries:** Patients are eligible for a 35% discount of our established fee if paid in full prior to surgery. Patients, who cannot pay in full, prior to surgery, will be expected to make financial arrangements for payment with our Account Services Representative. Accounts turned over to a collection agency will be charged the full fee. (Collection Agencies typically charge Bayside Orthopaedics 30-35% of collections)
4. **Extenuating Circumstances:** If you are experiencing financial difficulties and are unable to pay a bill, please discuss these with our Account Services Representative.
5. **Accounts in Collections:** Patients previously sent to collections will be required to pay the outstanding balance prior to scheduling a future appointment.
6. **Returned Checks:** Upon receipt of a NSF notification, the patient will be immediately notified by certified mail. The patient will be requested to bring cash or money order to the clinic. Payment may also be made by credit card via telephone. A \$30.00 fee will be charged for all returned checks.
7. **Change of address:** Please update personal information with the business office at each visit. If a change of address cannot be found on a returned statement, the account will be turned over for collection.
8. The responsibility for payment for services provided to any dependent children whose parents are divorced rests with the parent who seeks treatment. Any court-ordered responsibility judgment must be determined between the individuals involved without the inclusion of Bayside Orthopaedic, Sports Medicine & Rehabilitation Center, PC.

AUTHORIZATION: MY SIGNATURE INDICATES THAT I HAVE READ THE ABOVE AND I AM RESPONSIBLE FOR PAYMENT OF FEES.

Patient, Parent or Legal Guardian (Signature)

Date