

Klamath Orthopedic & Sports Medicine Clinic

Financial Policy

We are committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate your choosing Klamath Orthopedic & Sports Medicine Clinic.

Patient Responsibilities

You can help ensure an efficient experience by assisting with the following:

- Providing us with your picture identification, insurance card, and Social Security number to enable us to submit your claims timely and accurately
- Knowing your insurance benefits and limitations
- Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral
- Providing us with copies of any pertinent medical records, including tests (MRI/CT/Arthrogram) and x-rays
- Paying your estimated portion of the charges at the time of service
- Paying any additional amount owed when due
- Completing required incident/accident forms within 30 days of date of service
- Maintaining a current account with our office at all times
- Providing us with at least 24 hours advance notice should you need to cancel or reschedule an appointment

Please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot change or negotiate these amounts.

Insured Patients

As a courtesy to you, we will bill your primary and secondary insurance carrier in a timely manner. If you are disputing payment with your insurance carrier or have a balance over \$100.00 with us, you must notify our business office and make payment arrangements.

Co-Pays/Deductibles/Co-Insurance - Please be prepared to pay for your portion of the charges on the date of service.

Surgery – If surgery is indicated, a pre-payment may be required 10 days prior to the surgery being performed. Your out-of-pocket cost is estimated based on your benefits and our fees. Anesthesia and facility charges are separate fees.

Non-Participating Insurance – If we do not participate in the insurance you have, we will file a claim as a courtesy. All unpaid claims will become your responsibility 45 days following filing and will be immediately due and payable.

Accident Reports/Questionnaires - Prior to processing claims, your insurance carrier may request additional information in the form of an accident questionnaire. Please return the questionnaire or contact your insurance carrier with information even if you did not sustain an accident. We will process the entire balance to patient responsibility after thirty days from billing if the questionnaire is not returned to your insurance carrier and the claim is left unprocessed.

If you are unable to pay your account in full please contact the collections department for alternative payment arrangements. Accounts left unpaid after sixty days may be transferred to an outside collection agency.

Motor Vehicle Accidents (MVA) Insured and Third Party Patients

If you are injured in and/or around a motor vehicle you must report the injury to your motor vehicle insurance carrier. Claim billing information including the claim number and date of injury must be provided timely to the business office. We will bill the MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier within 30 days. We regret that we are not in a position to confer with attorneys or defer payment obligations while a case settles. If your personal injury protection benefit on your MVA policy is exhausted, we will bill your private insurance at your request provided we are furnished the necessary information at the time of service.

Workers' Compensation

If your visit is work-related, we will need the case number and carrier name prior to your visit in order to bill the workers' compensation insurance carrier. If your workers' compensation claim is not yet accepted and you have no other insurance, we require a \$200.00 deposit that will be refunded after the claim has been opened and paid.

Due to timely filing insurance guidelines we will send billing statements to your private health insurance carrier for their records for claims not paid within thirty days from the date of service.

If your case is denied, we will bill your private health insurance carrier. If the claim is not paid within 30 days, the balance will become your responsibility and are due in full within thirty days of the billing date. If you are unable to pay your account in full please contact the collections department for payment arrangements. After sixty days, if payment arrangements have not been made, unpaid balances may be transferred to an outside collection agency.

Uninsured Patients

Office visits – A \$200.00 deposit is required to be paid on the date of service, prior to your appointment. If visits and services are paid in full at the time of service or within 30 days of your first statement, we offer a 35% discount (see exclusions below). Office visits may include x-rays, casting and materials at an additional charge. Charges are not finalized until chart notes are complete.

Surgery – For uninsured patients having surgery, we offer a discount when charges are paid before or on the date of service. Please contact the collections department for more information.

Exclusions – The discounts referenced above do not apply in cases of motor vehicle accidents, third party insurance claims or in other cases when the patient may be reimbursed in full.

Uninsured patients who received retroactive Medicaid coverage need to immediately notify our business office.

All remaining balances are due in full within thirty days of the billing date unless alternative payment arrangements have been made with the collections department. Accounts left unpaid after sixty days may be transferred to an outside collection agency.

Payment

Payment Options – We accept cash, checks, major credit/debit cards and money orders for payment (no post-dated or third party checks). We charge a \$25.00 NSF fee for any returned checks.

Alternative Payment Arrangements – If you are unable to pay your balance when due, please contact our business office to make alternative payment arrangements. Any patient with a past due amount may be denied additional service until the amount is paid or the patient is complying with an alternative payment arrangement.

Bankruptcy/Prior Bad Debt – Patients who have previously filed for bankruptcy or never satisfied their payment obligations for prior episodes of care may be required to pay for their portion of new charges at the time of service.

Accounts transferred to an outside collection agency

Our billing and collection staff is available to assist with your billing needs. It is not beneficial for either party to transfer accounts to an outside collection agency. In the event that your account is transferred, should you need future orthopedic services from our providers, you will be required to pay cash for all services, in full at the time of your visit.

I have read and agree with the financial policy provided by Klamath Orthopedic & Sports Medicine Clinic.

Patient Name (Please Print)

Date

Signature of Patient or Responsible Party
(Parent or guardian for patients under 18 years old)

Revised 7/1/16