



## **Financial Policy**

### **Payment:**

You are directly responsible for the payment of medical services received at the time of service. You are expected to pay the self-pay rate, co-pay, estimated coinsurance/deductible, previous outstanding balance(s), and/or any non-covered amounts that are due. For your convenience, we accept Cash, Money Order, Check, Visa, MasterCard, Discover, American Express and CareCredit. Post-dated and "held checks" are not permitted. Please review your charges and report any discrepancies at the time of service.

### **Insurance:**

- If you would like for OrthoTexas to file your insurance on your behalf, please provide your current insurance information, including a copy of the card(s), and notify our staff of any changes that have occurred since your last visit. You are expected to notify us as to which carrier is primary and secondary. As a courtesy, we will file to both your primary and secondary insurance only, as long as we are contracted. If you have a insurance beyond primary and secondary coverage, you will be responsible for filing these claims. If you do not provide us with correct insurance information, you will be responsible for any pended or denied charges. We do our best to notify all patients of our network status with each carrier presented; however, it is ultimately your responsibility to know the network/benefit status prior to receiving services. If your insurance company sends payment to you by mistake, you must forward payment/endorsed check to us immediately with the explanation of benefits that is sent with the check.
- We are billing to your insurance as a courtesy on your behalf. If you are aware of retroactive disenrollment from your insurance company, we need to be notified immediately. You are responsible to respond to any additional request such as Coordination of Benefits, Subrogation/Accident questionnaires, Pre-Existing, etc. If our office does not hear from your insurance company within sixty (60) days, we may request your help in contacting your insurance company to resolve the payment delay. Depending on your benefits, your insurance may not pay for all of your healthcare cost due to pre-existing condition, exclusion of diagnosis, out-of-network, etc. and you will be financially responsible for all non-covered services.
- If your insurance company fails to pay your bill or you have a remaining balance due, you will receive a statement. If a statement is not received, you are also notified from your insurance carrier with an Explanation of Benefits/Payment. If you have not received a statement from us within thirty (30) days of receiving notification from your insurance company, please notify us immediately. It is your responsibility to notify us if you do not receive a statement or if your address changes. If you feel that your insurance company has denied your claim or processed payment in error, you will need to follow up with your insurance company to get this resolved.

### **Workers Compensation/Motor Vehicle Accident:**

If your injury is due to a work or motor vehicle accident, our office needs to be notified immediately. All services provided for motor vehicle injuries will be filed to your health insurance carrier; however, if your carrier does not cover treatment, you will be responsible for payment. We do not accept Letters of Protection nor do we file under motor vehicle insurance. A receipt and detailed statement will be provided to you to turn in to your claims adjustor. All workers compensation injuries will need to be approved by your adjustor prior to being seen; therefore, you must bring us a copy of your "First Report of Injury" signed by your employer. If your injury is not covered by worker's compensation, you will be responsible for payment for services.

### **Referral:**

If your insurance company requires referral from your primary care physician, you must present a valid referral prior to your appointment. If a referral is not obtained and you choose to be seen, you will be treated as self-pay and required to make payment at time of service.

### **Durable Medical Equipment (DME)/Orthotics:**

Your physician may prescribe DME/Orthotics (knee brace, shoulder therapy kits, heel lifts, crutches etc.) which may be subject to a deductible or co-insurance under your insurance. Therefore, an estimated payment may be collected at time of service. According to federal regulations, these items cannot be returned once you have left the office.

### **Medication:**

Our office is not responsible for non-covered medications. It is your responsibility to know your prescription benefits and speak to the physician about your options. Pain medication will not be refilled on weekends.

**Medical Records Requests:**

- All records requests require a signed Medical Release Form. Please allow up to 10 days for all records requests to be processed.
  - Medical Records < 10 pages = no charge
  - Medical Records > 10 pages = \$25
  - Billing Records (flat rate fee) = \$25
  - FMLA Paperwork (filled out by office) = \$25
- All other requests for records will be billed according to the Texas Administrative Code Title 22 Part 9 Chapter 165 Rule 165.2, which states: No more than \$25 for the first 20 pages; then, \$0.50 per page for every copy thereafter, actual cost of mailing or shipping and a reasonable fee not to exceed \$15 for executing an affidavit. Charge for x-ray/diagnostic imaging is \$8 per copy of an imaging study.

**Possible Additional Fees:**

Additional fees may be assessed to your account if they meet certain requirements. OrthoTexas will take all necessary and appropriate action to collect any money due on your account, including, but not limited to, the use of collection agencies, attorneys, and/or small claims court. You will be responsible for any and all fees associated with these collection efforts.

- Insufficient Funds Fee (NSF) = \$30.00 (fee + all outstanding amounts must be paid by cash or money order)
- Small Claims Court Fee = dependent upon county (see Justice of the Peace for more info)
- Collection Agency Fee = 30% of amounts due at the time your balance is sent to the agency
- Clinic No Show/Cancellation Fee= \$50.00 (appointments must be canceled 24 hours in advance)
- Surgical No Show/Cancellation Fee - \$250.00 (cancellation of any surgical procedures requires at least a 24-hour notice).

**Refunds:**

Any overpayment will be refunded to a patient within 30 days after determining that the refund is warranted. Any credit on your account will first be applied to any outstanding patient balances prior to processing your refund.

**Additional Office Policies:**

- As a courtesy to all of our patients, you may be asked to reschedule your appointment if you are more than fifteen (15) minutes late.
- Certain procedures have ninety (90) days of follow-up care provided under the "global period". During this time, office visits are not billed; however, other ancillary charges, including, but not limited to, x-rays, casting/supplies, braces, etc. are billable.

*Complete Orthopedic Care.*



*Completely Patient Focused.*