The Orthopaedic Group, P.C.
P.O. Box 86144
Mobile, AL 36689
251-476-5050

PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR

COPAYMENTS: Your insurance REQUIRES that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

SELF-PAY: Self-pay accounts shall exist if a patient has no insurance coverage. For new patients, a deposit of $200.00 is expected on the day of your appointment before being seen by the health care provider. Prepayments will also be required before therapy or surgery is scheduled.

BALANCES: Any balance remaining after insurance pays is due in full at the next appointment, or when your first statement is received, whichever is first. If full payment cannot be made the following will apply: Any balance between $5.00 and $100.00 must have a payment of $25 or 50% of the balance, whichever is greater. Any balance between $100.01 and $500.00 must have a payment of $50 or 20% of the balance, whichever is greater. Any balance over $500.00 must have a minimum payment of 20% of the outstanding balance. Extended payment arrangements can be made by contacting the business office.

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (33.33%), attorney fees and/or court costs, if such be necessary.

EXPRESS PRIOR CONSENT TO CONTACT CONSUMER BY CELL PHONE: You agree, in order for us to service your account or to collect monies you may owe, The Orthopaedic Group, P.C. and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

1/We have read this disclosure and agree that The Orthopaedic Group, P.C., its employees and/or agents may contact me/us as described above.

NON-PARTICIPATING INSURANCE PLANS: As a service to our patients, we will bill as a non-assigned claim. Any outstanding balances are the responsibility of the patient and self-pay policy above will apply.

REFERRALS: If your plan requires a referral from your primary care physician it is YOUR responsibility to obtain it prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, YOU MAY BE REQUIRED TO RESCHEDULE.

ACCIDENT CASES: Patients shall be financially responsible for medical services related to an accident and self-pay policy as above will apply. We do not accept 3rd party liability insurance.

WORKERS' COMP: It is the patient's responsibility to notify us when you are treated for a work-related injury.

MEDICARE: We will bill Medicare for all covered services. The patient will be responsible for the deductible and the co-insurance, which can be billed to a secondary insurance if you have one.

RETURNED CHECK FEES: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a $30.00 fee per check returned.

CHILD CUSTODY CASES: The Orthopaedic Group, P.C. will bill the insurance carrier for both parents. However, the parent that signs for services will be responsible for all outstanding charges and balances.

WE ACCEPT CASH, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS AND CHECKS.

If you have any questions please call the Business Office.

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Patient or patient's Personal Representative **Date**