



Office and Financial Policies

We would like to thank you for choosing The Center for Spine and Orthopedics, PC (CSO) as your healthcare provider. We are committed to providing you with the best possible medical care. The following information outlines our Office and Financial policies.

Financial

For the safety and protection of our patients and CSO, patients are required to present a valid form of identification upon check-in and prior to services being rendered. If you can not provide your insurance card at check in for your appointment you will be responsible for payment in full for all visits until you provide the information and insurance coverage can be verified. ***It is the patient's responsibility to see that the bill is paid in full.*** We must emphasize that, as your medical care provider, our relationship is with you and not your insurance company. The filing of a medical claim is an expensive process that we extend to you at no charge as a courtesy however; we do require that you pay all co-pays, deductibles, and non-covered charges the day of your service. If payments for these amounts are not made at your check-in for your appointment your office visit will be rescheduled.

Self Payment, Private or Cash Payment

If you do not have insurance coverage we ask that you coordinate your care with our billing office prior to your visit. We require an advance payment of \$200.00 prior to services being rendered and the balance of the charges to be paid once services have been rendered and prior to leaving the office.

Referrals, Non-Covered and Out of Network Services

It is your responsibility as the insured to confirm that we are an in network provider with your insurance carrier, if you need a referral prior to being seen and what your benefits are. If you request an office visit without a referral authorization, without checking to confirm that we are in-network provider or without knowing your benefits your plan may deem charges as "Out of Network" or "Non-Covered". If a claim is processed as out of network or non-covered the charges will be your responsibility.

Delinquent Balances

Patients with a delinquent balance are required to make payment in full prior to any appointments. A delinquent account is defined as a patient balance that has received two statements without payment or contacting the billing office for payment arrangements. If such payment is not made, services will be refused. A finance charge of 1.5% will be assessed on all patient balances not paid within 30 days.

Returned Checks

Returned checks will incur a \$40.00 service charge. You will be asked to bring cash, certified funds or a credit card for the amount of the check plus the \$40.00 service charge to pay the balance prior to scheduling or receiving any further services from our staff or the physician. Stop payments constitute a breach of payment and are subject to the \$40.00 service fee and collections action. All bad checks written to this office are subject to collections.

Surgery and Injections

We require that you pay the following prior to surgery or procedures being scheduled: estimated deductible, co-pay, co-insurance, non-covered charges plus any outstanding balances on your account. This payment must be made by certified check, cash or credit card. Although we contact your insurance company to obtain your benefits, it is your responsibility as the insured, to know your own benefits; therefore, we encourage you to contact them as well. We are not responsible for benefits that are misquoted to us by your insurance company. If the pre-collected funds exceed the out-of-pocket expenses on the explanation of benefits from your insurance company, they will be refunded following final reconciliation with your insurance company.

Nonpayment

All patient balances that remain delinquent after 90 days, with no response to our requests for payment may be referred to a collection agency. Please be aware that if your account is referred to a collection agency you will be dismissed from the practice.



If your account is referred to a collection agency, any additional fees incurred due to placement will be added to your outstanding balance. This includes but is not limited to late fees, collection agency fees, court costs, interest and fines.

Divorced Parents of Patients

Responsibility for payment for the treatment of minor children whose parents are divorced rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved without the inclusion of CSO.

After-Hours Emergencies

If you should experience a life-threatening emergency, please call 911 or go to the closest emergency room. If you have other after-hours emergencies, you can contact the physician on-call by calling our main number. This service is for emergency or potential emergency care only. Please call during regular business hours for non-urgent questions or concerns.

After-Hours Narcotics

There will be no refills of any narcotics after hours or on weekends. Please call during regular business hours with 48 hours advance notice.

Tardiness

If you arrive late for your appointment, we may need to see other patients before we can see you. In addition, if you are more than 15 minutes late, you may be asked to reschedule.

Cancellations and No-Shows

As a courtesy to other patients, we request that you notify us as soon as possible if you need to change your appointment. This allows us to offer that appointment time to another patient. We understand that sometimes unforeseen circumstances may arise on the day of your appointment but ask that you give us 24 hours notice if you will not make your appointment. If you do not give sufficient notice you will be charged a “No Show” fee of \$50.00. If you have missed your appointment 3 times and have not called to cancel or reschedule, you may be discharged from our clinic.

Form Fees

Completing insurance forms, copying medical records, etc. requires office staff time and time away from patient care for our Providers. CSO requires pre-payment for completing forms, copying medical records, notarizing or for extra written communication from the Provider. The charge is determined by the complexity of the form, letter, or communication. Our base fee for forms starts at \$55.00 per form. CSO will have 7-10 business days in which to complete the form. Our fees for medical records is as follows \$18.53 for pages 1-10, 85 cents per page for pages 11-40, 57cents per page for pages 41 and over, plus postage.

The Center for Spine and Orthopedics strives to offer you the very best medical care therefore we have implemented these policies in order to continue providing premium care.

I have read and understand the office/financial policies and accept responsibility for all charges incurred from services rendered to me by The Center for Spine and Orthopedics.

Patient/Responsible Party Signature

Date

Patient Name Printed

Date of Birth