



## Alabama Bone and Joint Clinic, LLC Financial Policy

Thank you for choosing Alabama Bone and Joint Clinic as your orthopedic care provider. We are committed to providing you with the highest quality care at a reasonable cost. Acknowledgement and understanding of our Financial Policy must be signed prior to treating with our providers. The financial policy is intended to explain the complex insurance and billing policies and procedures we have, and we desire to offer full transparency in these policies. Please ask if you have any questions at all.

**INSURANCE:** Alabama Bone and Joint Clinic will file claims to your insurance company. It is the responsibility of the patient to know what your coverage, benefits, and eligibility is. Your insurance carrier makes the final determination regarding eligibility and coverage. You agree to pay any portion not covered by your insurance. Insurance changes must be brought to our attention immediately as the patient will be responsible for all charges not paid as a result of change in insurance coverage.

**SELF-PAY PATIENTS:** All Self-Pay patients and patients who present without proof of insurance are required to pay for their services on the day of visit. A deposit will be collected prior to seeing the physician. Payment plans may be made with a valid credit card, and a separate agreement will be provided.

**FORMS OF PAYMENT:** We accept Cash, Checks, Visa, MasterCard, Discover, American Express and CareCredit.

**CO-PAYMENTS:** If your coverage requires a patient co-pay, we are obligated by your insurance carrier to collect this at the time of service. Failure to collect co-pays puts both the patient and Alabama Bone and Joint Clinic in default of the insurance contract. Please be prepared to pay the co-pay at each visit. **Without it, you may be required to reschedule.** Some insurance carriers impose more than one co-pay for each visit, e.g. a co-pay for an office visit plus a co-pay for an x-ray or injection. We may not be aware of your insurance carrier’s multiple co-pay policy, and therefore, may bill you for any additional co-pay amounts at a later time based on the Explanation of Benefits from your insurance.

**DEDUCTIBLES:** If your coverage includes a patient deductible, you may be asked to pay a portion of your unmet deductible at the time of service. Patients with very high unmet deductibles will be asked to remit a payment based upon the fee schedule of your insurance carrier. You may request the estimated charge(s) for expected services. Your actual out-of-pocket costs will depend on your eligibility, how much of your annual deductible has been met when the claim is received, the actual services received, the procedure codes submitted by us, your cost-sharing requirements (deductible, coinsurance), or other variables that may impact the cost of services, including a need for additional or different services than originally expected or unanticipated complications

**WORKERS COMP CASES:** Patients must report the complete circumstances of any work related accident or Workers Compensation incident to Alabama Bone and Joint including date of injury, claim number, insurance company name and address, phone number, and contact person’s name prior to receiving services. We must verify your insurance claim is open and active for the injury you are being treated for prior to services being started. If the insurance denies the claim, all charges are your responsibility.

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

**OUTSTANDING BALANCES AND COLLECTIONS:** If you have any outstanding balances for co-pays, deductibles and other unpaid out-of-pocket expenses, you will be asked to remit payment at your next visit or you may be required to reschedule your appointment. Chronic non-payment of bills can constitute separation from the practice. If your balance is not paid within 60 days, the account may be forwarded to a collection agency. Please understand we do not handle the accounts from this point forward. You may also be required to pay any fees associated with collections, including interest and court costs.

**THIRD PARTY INSURANCE FORMS (DISABILITY, FMLA ETC):** Your employer, insurance carrier, accident/sickness insurance, etc. may ask you to complete a disability, FMLA, or other form which requires information regarding your care from your physician. We will charge a nominal fee for the completion of these forms. Please allow up to 10 business days for form completion.

I have read the Financial Policies of Alabama Bone and Joint Clinic and agree to comply with the Financial Polices. In addition, Alabama Bone and Joint Clinic has my permission to provide medical documentation in order to obtain reimbursement.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (or Parent or Legal Guardian)

\_\_\_\_\_  
Date