



**Alabama Bone and Joint Clinic, LLC Financial Policy**

Thank you for choosing Alabama Bone and Joint Clinic. We are committed to providing you with the highest quality orthopedic care at a reasonable cost. Acknowledgement and understanding of our Financial Policy must be signed prior to being treated by 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 your responsibility to know your coverage, benefits, and eligibility. 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.

**UNINSURED:** All patients without proof of insurance are required to pay for 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.

**CO-PAYMENTS:** If your coverage requires a 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 our office in default of the insurance contract. Please be prepared to pay the copay 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 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.

**AUTO ACCIDENT OR CASES BEING LITIGATED:** We do not accept attorney letters of protection, nor do we file claims for automobile insurance policies. We can file your medical insurance but please be advised if you have a case in litigation your insurance may deny the claim if another party is deemed to be responsible, such as an auto insurance company. In this scenario we will not bill a third party, including any attorney representing you. If your medical insurance denies the claim you are fully responsible for all charges and will be billed accordingly. Also, be aware your medical insurance may require you to complete a form for them if they are covering injuries from an accident, and if you do not complete the form they will deny payment.

**RETURNED CHECK FEES:** Any returned check for non-payment or insufficient funds shall result in 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. If your balance is not paid within 60 days, the account may be forwarded to a collection agency. I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any and all collection agency fees (33 1/3%), attorney fees and/or court costs, if necessary. I waive now and forever my right of exemption under the laws of the constitution of the state of Alabama and any other state. You agree, in order for us and any third-party collection agency to service your account or to collect any amounts you may owe, we may contact you by telephone at any 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 email, using any email address you provided to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automated dialing device, as applicable.

**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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date