

CREDIT POLICY

Orthopaedic Bone & Joint Specialists, P.A. is a medical group whose goals are to effectively provide treatment to those persons requiring orthopedic and podiatric medical care. In order not to overlook the humanitarian needs of the patient and to establish the financial responsibility of each patient, it is deemed necessary to convey the following credit policy to all patients.

Payment is due in full when medical services are rendered. Arrangements can be made with the bookkeeper prior to leaving the office for all balances.

As a courtesy primary and secondary insurance forms will be filed for our patients. Patients will be required to give complete insurance information and to sign an assignment of benefits form. Patients will receive monthly statements until account is paid in full. Patients will be responsible for balances not paid by their insurance companies after 90 days from the date of service.

Accounts which reach the aging of 120 (one hundred and twenty) days without payment are subject to collections. Collection activity may lead to assignment of the account to Western Recovery Systems or legal action.

Please note that some insurance companies require you to have a referral from your primary care physician to be seen by a specialist. It is the patient's responsibility to make sure that this is in place before you are seen.

A \$5.00 fee is due from the patient for each disability form completed by the physicians. Forms can take 10-14 days to be completed. Disability forms will not be released without payment.

Patients having surgery must be aware that many surgeries will require and assistant. You may be receiving a bill after surgery from this provider.

The physicians associated with Orthopaedic Bone & Joint Specialists, P.A. are participating in Medicare and are providers of many of the HMO's and PPO's. If you have questions, please check with your individual insurance carriers.

Any questions concerning this established Credit Policy should be directed to the Bookkeeping Department of Orthopaedic Bone & Joint Specialists, P.A. by calling 843-7798.

Patient
Signature: _____

Responsible Party Signature: _____ Date: _____