



# ORTHOPAEDIC BONE & JOINT SPECIALISTS, P.A.

Alan L. Altman, MD • William J. Chesnut, MD

700 Lomas Blvd. NE • One Woodward Center • Albuquerque, NM 87102-2568  
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505-247-3265 Fax • 1-800-901-6257 • www.bonesrus.com • info@bonesrus.com

## Billing, Payment & Credit Policy

### Payment

#### Payment

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

### Insurance Submission

The physicians associated with Orthopaedic Bone & Jointspecialists, PA 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.

As a courtesy to our patients Insurance Claim Forms will be filed for our patients. Patients will be required to give complete insurance information and to sign the "Assignment of Benefits" section below.

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.

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.

### Unpaid Balances

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

### Forms Completion

A \$15.00 fee is due from the patient for each disability/medical status type form. Forms can take up to 2 weeks to be completed. Disability forms will not be released without payment.

### Surgical Assistant

Please be aware if you are scheduling surgery, many surgeries will require an assistant. You may be receiving a bill after surgery from that assisting provider.

### Acknowledgement & Assignment of Benefits

I acknowledge and understand the above policies and do hereby assign all medical benefits to which I am entitled to ORTHOPAEDIC BONE & JOINT SPECIALISTS, P.A. I understand that I am financially responsible for all charges, whether or not paid by said insurance company. I hereby authorize said assignee to release any information to determine these benefits for related services.

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PATIENT SIGNATURE

DATE

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FINANCIALLY RESPONSIBLE PARTY SIGNATURE

DATE

OBJS



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*ointspecialists,PAbycalling(505)843-7798.*