



Orthopedic & Sports Medicine Center

Financial Policy

Our financial policies have been written to clearly explain your responsibility for the services provided to you. If you need further information about any of these policies, please ask to speak with our Patient Accounts Manager.

Health Insurance: Health care insurance is intended to cover some, but not necessarily all, of the cost of your treatment. Most plans include coinsurance and/or a deductible that must be paid by the patient. If you have health insurance, please bring your plan identification card with you to your first visit. You are responsible for the difference between what your insurance pays and the total charges for your care, less any discounts if we are contracted providers with your plan. In the event that your health insurance carrier does not process our claims for your care we will make a reasonable effort to resolve the issue with your health insurance carrier. If our claim goes unpaid for 60 sixty days, we reserve the right to seek payment directly from you.

Co-Pay: If your insurance requires that you make a co-pay for the services we provide, we will expect that you pay this amount, usually between \$10 and \$25, at the time of your visit.

Balances: We will request that you provide us with a valid credit card or bank account information when you arrive for your first visit to facilitate the payment of any balances that become your responsibility after our claims have been processed by your insurance carrier. We may agree to a payment plan that in most cases will not exceed six months.

Referrals: If your health plan requires a referral or authorization from your primary care physician, we will need to receive the authorization before you see one of our providers. If we have not received an authorization prior to your arrival at our office, we have a telephone available for you to call your primary care physician or health plan to get it. If you are unable to obtain the referral at that time, you can reschedule your appointment or pay us directly for the services we provide you.

Worker's Compensation: If you are being seen for treatment of a compensable work-related injury we will not bill your health insurance – these charges must be billed directly to your employer's worker's compensation carrier. If we have verified your claim with your employer or your employer's worker's compensation carrier, no payment is necessary at the time of your visit. If we are not able to verify your claim, we may ask that you pay us directly for the services we provide you.

Third-Party Liability: If you are seeing us as the result of an accident or an injury for which another party is responsible, we will not bill your health insurance. We will

require information about the party financially responsible for your care, or, in the case of an automobile accident, we will require your automobile insurance information. If we cannot obtain this information, or if your claim is not paid by the third-party, we may ask that you pay us directly for the services we provide you.

No Insurance: If you do not have health insurance or another party that has accepted financial responsibility for your care, we expect payment for services at the time of your visit. We require payment of an initial consultation fee when you check in that will cover the approximate cost of services, tests and supplies. Any remaining balance should be paid at the time you check out. Additional visits must also be pre-paid at the time of check-in. Our Patient Services Representative can provide you with our current initial consultation fee.

Charity Care: We do not participate in any financial assistance programs, and notices of financial hardship determinations from hospitals do not cover services provided by our office or our physicians. We do provide charity care through our participation in the Community Health Care Clinic in Normal and the Livingston Family Care Center in Pontiac.

Surgery: If your physician recommends surgery and you have insurance coverage, we will work to obtain all pre-certification/authorization if your insurance company requires it. If you do not have insurance, or if you will be responsible for a substantial portion of the surgery charges, we will request a pre-surgical deposit from you.

X-Ray Film Copies: Occasionally patients will request a copy of their x-ray films. Copies are not paid for by insurance; however, we will provide this service upon request for a fee of \$5.00 per film. Please call us at least one week before you will need your copies. Payment must be received before copies will be made.

Miscellaneous Forms: We will complete forms within 48 hours of your request. Most forms will be completed without charge. We reserve the right to charge \$5.00 per form for the completion of forms not required for your clinical record (for example, loan deferment forms).

Account Statements: We will mail you a statement once a month if there is an outstanding balance on your account. We expect payment in full on any balance. We may agree to a payment plan that in most cases will not exceed six months.

Collection Agencies: If our monthly statements are ignored, a final statement warning that your account will be placed with a collection agency will be mailed to you. If no payment is received within two weeks of the final notice, the account will be sent to a collection agency, where substantial collection costs will be added to the account balance.

Payment Methods: We accept payment by cash, check, VISA, Mastercard, Discover, and debit card. Payments may be made in person, by mail, phone, or on our website, www.osmcweb.com.

Returned Checks: If your check is not honored by your bank because of insufficient funds, your account will be assessed a penalty fee not to exceed the amount allowed by law.

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