



## Financial Responsibility Policy

Northwest Orthopaedic Specialists and The Orthopaedic Surgery Center participate with many insurance plans. If your insurance plan is one that we participate with, our billing office will submit a claim for services rendered. Based on the coverage you and/or your employer selected, there may be some (or all) services you receive that may be non-covered or considered not medically necessary. Please be aware that those balances will be your responsibility and are due upon receipt. Many patients believe that if they have insurance, it is the insurance company that owes Northwest Orthopaedic Specialists for their services. This is **not** the case. **The insurance contract is between you and the insurance company;** our relationship to you is as a patient of a physician or mid-level practitioner of our practice. Your insurance company requires us to collect applicable co-pays and estimates of coinsurance and deductibles from you. Co-payments are always due at the time of service. Co-payments and patient responsibility amounts as shown on the Explanation of Benefits (from your insurance plan) for previous visits are also part of your contract with your insurance plan and will be collected at the time you check in for your appointment. You may be charged a \$15.00 co-pay billing fee if you are asked and are unable to pay your co-pay at check-in. **Delinquent balances could result in your appointment being rescheduled until payment is received.**

### Our Responsibility:

- To bill all claims to your insurance carrier(s) in a timely manner on your behalf
- To assist you in resolving any problems with claim payment

### Your Responsibility:

- To provide us with current and accurate information to submit your claims correctly
- To pay your co-payment, estimated coinsurance, and/or deductible at the time of service
- To pay any remaining account balance after insurance payment within 60 days of receipt of your first statement from us

**ACCOUNT BALANCE:** Any outstanding balances are due in 30 days after the insurance pays. If your insurance doesn't pay us, the **full** amount is due no later than 60 days after the date of service, unless prior arrangements have been made with our business office. Delinquent accounts and unpaid balances may result in referral to our collection agency. Future appointments may be refused or postponed until all balances are paid. A delinquent account could also result in you being dismissed from our practice. Please contact our billing office with any questions you have regarding your account balance.

**PAYMENT:** Northwest Orthopaedic Specialists accepts personal checks as a form of payment. If two or more checks are returned by your bank, you will be required to use another form of payment, such as credit card, debit card, or cash and will also be charged a \$35.00 fee for each returned check.

## For Physician Clinic Fees:

**NON-CONTRACTED INSURANCE:** If you have an insurance plan that we do not participate with, our office will file a claim on your behalf, and a down payment of \$185.00 is required at the time of service. If your insurance has not paid your claim within 30 days, the balance will be billed to you, and payment will be due upon receipt.

**THIRD PARTY:** If you are involved in an incident/accident (MVA, slip and fall, etc.), that will result in your medical bills being paid by a third party instead of your medical insurance coverage, please note that all necessary information to bill the third party payor will be required by Northwest Orthopaedic Specialists. Patients are privately responsible for these claims. A down payment of \$185 is required at the time of service, unless you can provide proof of coverage from an insurance we are contracted with. We will bill the third party once we are given the claim number and the insurance contact name and address. It is your responsibility to provide this information. If it is not received, Northwest Orthopaedic Specialists will be billing you for the full financial responsibility, and you will need to provide this information to the third party payor for reimbursement.

**WORKERS' COMPENSATION & L&I:** If you are involved in an incident/accident at work (slip and fall, etc.), that will result in your medical bills being paid by Labor and Industries (L&I) instead of your medical insurance coverage, please note that all necessary information to bill L&I will be required by Northwest Orthopaedic Specialists. Patients are privately responsible for these claims. We will require the claim number and the insurance contact name and address. It is your responsibility to provide this information. If it is not received, Northwest Orthopaedic Specialists will be billing you for the full financial responsibility, and you will need to provide this information to the L&I for reimbursement.

**SELF-PAY PATIENTS:** This status is reserved for patients who have no insurance coverage at all. Please be aware if you have insurance coverage, you will not qualify for this status. Northwest Orthopaedic Specialists has a fee schedule for patients with no insurance coverage. A down payment of \$185 is **required** at the time of service unless other arrangements have been made prior to treatment. We offer a discount of 15% for cash payment in full on the day of service. Payment must be made in full prior to services being rendered. **Non-payment may result in your appointment being rescheduled until payment is received.**

**NO-SHOW POLICY:** If you are not able to make your appointment, please call and cancel at least 24 hours prior to the scheduled appointment. Our policy is to discharge a patient from our practice if they have had two no show appointments. This will not allow you to have access to our exceptional providers for future services.

## The Orthopaedic Surgery Center Professional and Facility Fees:

In order to achieve the practice goals of providing the finest medical care at the lowest possible cost to our patients, we ask your assistance and your understanding of our payment policy.

For surgeries, all insurance companies will be called to verify coverage, pre-admission requirements, deductibles, coinsurance, and co-pays when the surgery is scheduled. A written **Estimate of Patient Responsibility** will be presented to you prior to your surgery. In most cases, you will have ample time to review these fees, ask questions, make payment arrangements, and/or contact your insurance carrier. **For cases scheduled with 48 hours or less**, you will receive a phone call to discuss these issues.

If you have insurance coverage, we are happy to help you receive your maximum allowable benefits and will file the claim for you. By state law, your insurance carrier must remit payment or deny your insurance claim within 30 days of initial filing of the claim. If an insurance problem occurs, you may be asked to assist us in contacting your insurance carrier. We believe it is necessary to work together to resolve any insurance problem.

**FULL PAYMENT OF YOUR ESTIMATED PORTION OF THE ORTHOPAEDIC SURGERY CENTER FEES (PROFESSIONAL, FACILITY, AND ANESTHESIA) ARE DUE PRIOR TO SURGERY OR AT THE TIME OF SERVICE. IF PAYMENT IS NOT RECEIVED, YOUR PROCEDURE MAY BE RESCHEDULED.**

(Unless other payment arrangements are made **PRIOR** to surgery.)

**Payment Options:**

- You may pay by cash, debit, Visa, MasterCard, Discover Card, American Express, and personal check.
- Arrangements with outside financing may be made with our Financial Counselor, if you qualify.
- Balances older than 60 days may be subject to additional collection fees and interest charges of 1% per month.

Interest rates will be waived if a payment plan is set up on auto pay to a credit card or checking account for a set withdrawal amount paid monthly on the date of your choosing.

**RETURNED CHECKS:** A \$35.00 fee will be charged for all returned checks.

Thank you for choosing us as your healthcare provider. Our physicians are committed to providing quality care to our patients, while helping to control the rising cost of medical care. This is an agreement between Northwest Orthopaedic Specialists and the Patient/Guarantor named below. By signing this agreement, you are acknowledging that you understand our insurance and financial policies and are agreeing to pay for all services that are received.

**I acknowledge receipt of Northwest Orthopaedic Specialists' patient financial policy and have read, understand, and agree to comply with these policies.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Print Name of Patient Patient Birth Date

*Northwest Orthopaedic Specialists, P.S., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*