Orthopaedic Surgical Associates, LLC
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FINANCIAL POLICY

Thank you for choosing us for your health care needs. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment in our office.

All patients (parents or guardians) must complete our Patient Information and Financial Policy before seeing the Provider.

- PAYMENT IS DUE AT THE TIME OF SERVICE.
- WE ACCEPT CASH, CHECKS, AND VISA/MASTERCARD.
- THERE WILL BE A **$25.00** SERVICE CHARGE ON ALL NSF CHECKS.

Regarding Insurance:

It is our goal to provide fast and efficient billing as a courtesy to you. We need your help to accomplish this goal by providing complete and accurate insurance information. Knowledge of your deductible and co-pays is your responsibility. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If for any reason your insurance coverage changes, it is your responsibility to inform Orthopaedic Surgical Associates in a timely manner. If you fail to inform us within **60 days** of the change, Orthopaedic Surgical Associates will not be responsible for filing your insurance. Please be aware that some, and perhaps all of the services provided may be non-covered services. Some insurance companies reduce or deny benefits saying they are not considered UCR (usual, customary, or responsible). Please be advised that our fees are based on a national geographic standard and are, in fact UCR for the state of Alaska.

All deductibles and co-pays are due and payable at the time of treatment:

The balance is your responsibility whether your insurance company pays or not. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to the above paragraph.

Usual and Customary Rates:

Our Practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

Minor Patients:

The adult accompanying a minor, the parents (or legal guardians) of the minor, are responsible for payment.

Disability paperwork policy:

As a courtesy, we will complete disability and/or FMLA paperwork without charge when brought to appointments.
Patient sections must be completed in advance.
Patient's requiring disability and/or FMLA forms be completed outside of a corresponding visit will be charged $25.00 per occurrence.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to this Financial Policy:

X_____ _____

Signature of Parent or Responsible Party Relationship to Patient

Patient Name: _____ Date: _____