

Capital City Orthopaedics, P.A.

Financial Policy

We want you to feel comfortable at Capital City Orthopaedics. Although your medical care is our primary concern, it is also necessary to address financial issues associated with your care. To help clarify this sometimes complex subject, please note the following policies of Capital City Orthopaedics.

Payment Policies

- Co-pays, co-insurance, deductibles, and prompt pay fees for which you are responsible are due at the time of your appointment.
- You may make payments by credit card, cash, or check. Returned checks will result in a \$25 fee billed to your account.
- There is a \$50 fee assessed for any missed appointments not canceled at least 24 hours in advance.

Insurance Policies

- Your insurance plan is a contract between you and your insurance provider. We will file claims on your behalf for those insurers with whom we are contracted, assuming you have assigned benefits to your physician.
- If your insurance provider fails to make payments within a timely period (60 days), payment in full is expected from the patient or responsible party.
- Failure to respond to an insurer's request for information can result in claim denial. Should this occur, the account balance will become the immediate responsibility of the patient.
- **Fracture treatment may be billed as a procedure and therefore subject to deductibles, co-insurance and a global period in the same manner as surgical treatment. Payment for treatment of a fracture is due at time of service.**
- **Co-insurance and deductibles for surgical procedures are due when the procedure is scheduled.**

Medical Records

- You are entitled to copies of your medical record upon request. A fee of \$25 for the first 20 pages and \$.50 for each additional page will be assessed to cover document costs.
- A copy of x-ray images can be provided for a fee of \$8.00 per image.
- Disability, FMLA, AFLAC and other forms will be completed in a reasonable time period (usually 2 business days.) A \$25 fee will be assessed for completion of these documents.

Please contact our office staff at 512-617-1989 for any questions or concerns regarding these policies.

I have reviewed and understand the financial policies and agree to abide by these guidelines:

Signature of responsible party

Printed Name

Date