

Orthopaedic Associates of Riverside

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FINANCIAL POLICY

Thank you for choosing Orthopaedic Associates of Riverside for your orthopaedic care. We are committed to the success of your medical treatment and care and ask that you be committed to payment for this treatment and care.

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you need further information about any of these policies, please ask one of the receptionists or ask to speak with a supervisor.

How May I Pay?

We accept payment by cash, check, Visa, Mastercard and Discover Card.

Do I Need A Referral Form?

If you have an HMO plan with which we are contracted, you do need a referral authorization from your primary care physician. In addition, if you have a POS plan or an EPO plan you will need to have a referral form to maximize reimbursement of your benefits. If you fail to bring a referral form with you for your office visit, you will need to be re-scheduled. Some plans now allow electronic referral forms. It is your responsibility to ensure that your PCP's (primary care physician) office staff has entered the electronic referrals and sent it to your insurance carrier.

Which Plans Do You Contract With?

For your convenience we have attached a list of insurance companies that we are currently contracted with.

What Is My Financial Responsibility For Services?

Your financial responsibility depends on a variety of factors as outlined on the following page.

If you have:	You are responsible for:
Commercial Insurance Also known as indemnity, “regular” insurance, or “80/20 coverage”.	Payment of the patient responsibility for all Office visit, x-ray, injection, and other charges at the time of service.
HMO & PPO plans with which we have a contract.	<u>If the services you receive are covered by the plan:</u> all applicable copays and deductibles are requested at the time of service. <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of service.
HMO with which we are not contracted.	Payment in full for office visits, x-rays, injections, and other charges at the time of service.
Point of Service Plan or Out of Network PPO.	Payment of the patient responsibility- deductible, copay, non-covered services-at the time of service.
Medicare	If you have regular Medicare and have not met your deductible, we ask that it be paid at time of service. If your deductible exceeds the amount of allowable charges, we will collect only the allowable charge amount. Any services not covered by Medicare are requested at time of service. If you have Medicare primary and also have a secondary insurance or Medigap, no payment is necessary at the time of service. If you have regular Medicare and no secondary insurance, payment of your 20% co-insurance is requested at time of service.
Medicare HMO	All applicable copays and deductibles at the time of service.
Worker’s Compensation	If we have verified the claim with your employer and carrier, no payment is expected at time of service. If we are unable to verify the claim with your employer and carrier, payment in full is expected at the time of service.
Out of State Worker’s Compensation	Payment in full is expected at time of service.
No Insurance	Payment in full is expected at time of service.

Surgery

If your surgeon recommends surgery, our office staff will notify your insurance company and obtain pre-certification and/or benefit coverage. All deductibles and co-insurance portions of your surgery will be required before the surgery is performed.

What If I Am Unable To Meet My Financial Responsibility?

In certain circumstances we are able to make payment arrangements. Please notify the receptionist or ask to speak with a supervisor if payment arrangements need to be made.

What If My Child Needs To See The Physician?

A parent or legal guardian must accompany patients who are minors to all office visits. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

Completion of Forms

Due to the overwhelming requests for our medical providers to complete paperwork and in an effort to be fair to all of our patients, we have the following policy in place:

- 1) Any/all requests for completion of forms will require a pre-payment of \$20.00 per form. There are no exceptions to this policy.
- 2) All forms must be presented at the time of service with payment to the front desk staff prior to your seeing the medical provider.
- 3) We will not guarantee completion of forms at the time of service. If time permits our providers may be able to complete forms for you at the time of service but realistically it will likely take up to one week to complete.
- 4) **DO NOT** give forms directly to the medical providers for completion.
- 5) In the case of upcoming surgeries, our providers can, for no charge, provide you with a written doctors note indicating the date of the surgery and the expected off work time and/or light duty time. However, if your company is requiring a specific form to be completed there will be a charge for this form.
- 6) In the case of workers compensation cases, our providers will, at each visit complete (for no charge) a work status/activity status form for you to present to your employer, work comp carrier and/or nurse case manager. However, any additional forms for disability or the like will require a \$20.00 payment for completion.

Should you have any questions regarding this policy please ask to speak to the front desk supervisor.

Patient or responsible party signature

Date