

JENNINGS ORTHOPAEDIC ASSOCIATES, PA

1345 Westgate Center Drive

Suite B

Winston Salem, NC 27103-3041

**Financial Policy**

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

**Patients MUST fill out all Patient Information Forms PRIOR to seeing the Doctor.**

**Referrals:** If your insurance plan requires a referral from your primary care physician, it is **YOUR** responsibility to obtain it prior to your appointment and have it with you at the time of your appointment. If you do not have your referral, **YOU WILL BE REQUIRED TO RESCHEDULE.**

**Missed appointment fee:** If a patient does not cancel an appointment with a 24 hour notice for a second time, we have the right to charge a missed appointment fee. Extenuating circumstances will be considered in charging this fee, but any fee must be paid before another appointment is scheduled. If you are late for an appointment, you may also be asked to reschedule.

**Insurance:** We are happy to file your insurance, but you **must present a valid insurance card on your first visit.** We may ask for this information on a regular basis in order to ensure that no changes in benefits or carrier have occurred. If you don't have a valid insurance card at the time of your visit you may be required to reschedule. **All patients are responsible for letting our office know of any change in insurance coverage. Failure to do so could result in the patient being responsible for all charges.**

**Co-Payments:** Most insurance companies **REQUIRE** that we collect your designated co-pay at the time of service. Please be prepared to pay your co-pay at each visit. **Without it, you may be required to reschedule.** Chronic non-payment of co-pays may require us to discontinue our services until all co-pays are paid. Severance from this practice may occur due to nonpayment of co-pays.

**Medicare:** We accept Medicare assignment. As a Medicare patient, you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If Medicare is the only insurance you have, we will estimate your 20% coinsurance. This amount will be due plus any deductible that has not been met at the time of service. If you have a supplemental insurance policy we will submit the claim for you. If any of your services are not likely to be covered by Medicare, you will be asked to sign an Advanced Beneficiary Notice (ABN) prior to receiving the service(s). These services will then be your responsibility to pay. You do have the right to refuse any services not covered by Medicare.

**Medicaid:** We only accept North Carolina Medicaid. You must have a valid Medicaid card for each month service are incurred and pay your co-pay prior to any services. **If you have applied for Medicaid, this does not mean that you are covered by Medicaid.** You will be asked to pay for services as if you are self pay. In the event you are approved for Medicaid and your services are covered retroactively, we will be happy to file your Medicaid claims at that time.

**Worker's Compensation:** **If you were injured at work and have not notified your employer please tell the receptionist.** If you have been involved in a work related injury, your company's workers compensation insurance carrier must call our facility to make your appointment and give us the necessary information regarding date of injury, claim number, insurance company address, phone number and a contact person. If we do not have authorization from the workers comp carrier at the time of your appointment, you will be asked to reschedule or pay for your services as if you were self pay. If your claim is denied, you will be responsible for payment in full.

**No Insurance or Self Pay:** Self pay accounts shall exist if a patient has no insurance coverage, or no evidence of insurance coverage. All charges incurred will be due at the time of service. If surgery is scheduled, you will be given an estimate of surgery charges and, counseled regarding the balance due prior to your surgery.

**Non participating Insurance Plans or "Out of Network Services:** As a service to our patients, we will bill a non-participating insurance claim. All outstanding balances are the responsibility of the patient.

**I understand if I elect to be treated by any physician or physical therapist or any provider at Jennings Orthopaedic Associates, PA who does not participate in my insurance plan, I am directly responsible for my payments, and may not be reimbursed by insurance. I understand that durable medical equipment and/or orthotics specifically may not be covered. A deposit will be required to schedule surgery.**

× \_\_\_\_\_ Patient Signature

**Forms of Payment:** We accept cash, checks, Visa and Mastercard. We do accept most FSA (Flex Spending Account) cards. You may also make credit card payments by phone. Please call 336-397-0162 or 336-765-1571. We do not accept personal checks for pre-payment on surgeries.

**Returned Check Fees:** Any returned check from the bank for non-payment or insufficient funds shall result in the patient's account being charged a \$25.00 fee per returned check. If a second check is returned from the bank, future payments will be on a cash or credit card basis only.

**Disability, FMLA Forms:** There is a fee (posted in our office) for the completion of paperwork or forms relating to disability. This fee is collected prior to completion of the paperwork. For compliance purposes, the patient information portion of the form must be completed and signed prior to acceptance. Please allow seven working days for completion of forms.

**If surgery is scheduled and you have insurance:** Your insurance will be called prior to surgery to check your benefits. If you have a co-insurance or a deductible that is due, a financial counselor will contact you to discuss what amount is due prior to your surgery. Insurance is a contract between you and your insurance company. Even though we may estimate what your insurance will pay, it is the insurance company that makes the final determination of your eligibility, deductible and co-insurance amounts. Payment estimates made before your surgery are based on procedures expected to be performed. On occasion, other procedures need to be performed at the time of surgery. In the event additional procedures are performed, we will bill your insurance company and send you a statement for any amount your insurance company deems your responsibility. We do not accept personal checks for pre-payment on surgeries.

**We want our patients to be informed of other bills associated with their surgery. You will receive a bill from the hospital and the anesthesiologist. If a pathologist or radiologist is required, you will receive a bill from them too. If you want specifics on their charges or payment policies, you must contact them directly. You may need physical therapy after your surgery. If your physical therapy is here at Jennings Orthopaedic Associates, there will be additional charges for each physical therapy visit. These visits are not included in the charges for your surgery or office visits. If you are required to go elsewhere for physical therapy, you will be billed by their facility. Physical Therapy co-pays are due at each visit.**

**Divorce:** We cannot be involved in negotiating payments for divorce orders for medical bills. Whichever parent brings the minor child in for treatment will be responsible for payment of the bill regardless of your divorce decree.

**Third Party Liability:** Please do not ask us to get involved with **third party liability claims**. These are usually auto accidents, hurt on someone else's property, etc. **We will not bill someone else for third party liability claims except for cases involving Key Health**). We will be happy to see you as a self pay patient. Please be prepared to pay for your service when rendered.

**Outstanding Balances:** If you have any outstanding balances for co-pays, deductibles, and the like, and you have been billed more than three times without payment, you may be required to reschedule your appointment. Chronic non-payment of bills for which you are directly responsible can initiate collection action with an additional charge of 5% of your balance in the event your account is turned over to a collection agency.

**I have read and understand the payment policies set forth. I understand my responsibility for payment of my account with Jennings Orthopaedic Associates, PA and have provided to the best of my ability information requested accurately and completely.**

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Patient Signature  
Patient or Responsible Party Over 18 Years of Age