

**Jennings Orthopaedic Associates, PA**  
**Surgical Billing Policies**

**If your physician suggest that you have surgery we want to familiarize you with our billing practices in regards to pre and post op visits, your surgery, and post op therapy visits.**

1. A few days prior to your surgery you will come in for a pre-operative work up. There will not be a charge for this visit because it will be included in your surgery charges.
2. Our Billing Office will call your insurance company and verify your benefits. A person from the billing office will be calling you to inform you of any deductible or co-insurance your insurance company deems your responsibility. If our billing office can not reach you by phone a letter will be mailed to the address in your chart. **All surgical pre-pays must be paid prior to surgery. We do not accept personal checks for pre-pays on surgery.**
3. 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. **Some surgeries are more difficult than others. In some cases, your surgeon may ask for a surgical assistant to be present during your surgery. This is usually another surgeon, nurse practitioner, or physician assistant from our practice. These charges are separate and will be billed to your insurance company.**
4. There will be no charge for any Physician visits for 90 days after your surgery unless you are being seen for a **problem unrelated to your surgery**. There may, however, be charges for X-rays, cast/splint revisions or procedures performed in this 90 day period.
5. You may need physical therapy. If your physical therapy is here at Jennings Orthopaedic Associates, there will be additional charges for each physical therapy visit. **Physical Therapy visits are not included in the charges for your surgery or office visits.** If you go elsewhere for physical therapy, you will be billed by their facility. **All co-pays and co-insurance are due at each visit.**
6. 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 also. If you want specifics on their charges or payment policies, you must contact them directly/
7. We will be happy to complete FMLA and disability forms. There is a charge per form. **\$21.00 for forms that are 1-2 pages. \$42.00 charge for forms that are 3 or more pages.** Bring your forms to our office with your portion completed. Please allow 5 – 7 business days for completion. **Please make sure you bring your forms in plenty of time to be filled out. Due to an overwhelming number of forms to be completed we can not complete forms while you wait. Your form will be completed in the order it was received.**

**If you have any questions please do not hesitate to ask.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_