

PATIENT'S NAME: _____

RiversEdge Orthopedics Financial Policy



I have medical insurance. It is: _____ Secondary _____

I do not have medical insurance coverage and will agree to the financial terms of "Self Pay".

Insurance Guidelines:

- Your insurance may require a referral, deductible, co-payment, or pre-authorization prior to your being seen. It is the **patient's responsibility** to be aware of and meet these requirements as stated in your insurance policy.
- Your insurance contract is between you, your employer and your insurance company. Not all services, even if medically indicated, are considered covered benefits by all contracts or policies. Some insurance companies arbitrarily select certain services which they will or will not cover.
- You may expect a separate billing from an outside imaging center, hospital facility, laboratory, or pathology for work being done at your visit. *Dr. Greendyke also reads his own x-rays and bills for this service.*
- As a courtesy to you, we will bill your insurance company *if we have all of the necessary information.*
- **Your co-payment must be paid at the time of service.**
- Although we will bill your insurance, the patient is responsible for any services not covered by insurance.
- In the event that the account is not paid & we refer the account to collection, you will be responsible for all fees incurred in the collection of your bill. We will no longer be able to schedule future appointments for you.
- Third party forms will not be covered by your employer or insurance carrier, such as FMLA, Aflac, Physician's Statement's, Short or Long term Disability forms, etc. ***There will be a \$25.00 fee per form.***

Self Pay Policy

- If you are a self pay patient, our policy is to collect a fee for a new patient visit up front which is \$200.00.
- Patients will be given a quote of expected services before services are rendered (i.e., Injections, casts, etc.)
- 50% of the quoted fee must be collected up front before further treatment is rendered and payment arrangements agreed upon with billing agent.
- A discount will be given to patients who pay in full at time of service, to be discussed with the billing agent.
- There will be a **fee of \$25.00 per third party forms** such as FMLA, Aflac, Physician's Statement's, short or long term disability forms, etc.

Workman's Compensation

- It is the responsibility of the patient to provide our office with the correct information for their work comp claim.
- We need to know the date of injury, how the injury occurred and the place of employment at time of injury, as well as the claim number, and the surety's name, address and phone number.
- If you do not have this information at the time of your appointment, please refer to *self pay policy* above.
- Please check with your human resource department with your employer for needed information of work comp carrier.
- A Work Status Report will be filled out and faxed to your work comp claim adjuster and you will not be charged for this form.
- Third party forms will not be covered by your employer or workman's compensation, such as FMLA, Aflac, Physician's Statement's, Short or Long term Disability forms, etc. ***There will be a \$25.00 fee per form.***

Surgical Deposit Policy

- If you need to schedule a surgery, RiversEdge **requires a \$250 deposit** to hold your surgery date.
- This will be applied toward your deductible.
- In the event that you cancel without sufficient notice, this deposit is non-refundable.

★ ★ I understand that I will be responsible for any additional **third party forms**, [i.e. FMLA, Physician's Statements, long or short-term disability forms, Aflac, MetLife, etc.] the charge is **\$25.00 per occurrence**, due upon completion ★ ★

Sign _____

Date _____