



Patient Financial Obligation Agreement

Self-Pay Accounts

- We designate accounts, **Self-Pay**, under the following circumstances: patient does not have health insurance coverage, patient is covered by an insurance plan that our providers do not participate in, patient does not have a current, valid insurance card on file or patient does not have a valid insurance referral on file.

Billing Process

- **Your insurance company will be billed first.** Your insurance company requires us to collect your co-pay amount, as determined by your insurance plan, and any other out of pocket expenses due at the time of service.
- It is your responsibility to inform the reception staff when the cause of treatment may be the responsibility of a third party – auto insurance, liability insurance company, worker’s compensation – instead of your regular health insurance carrier. You are responsible to provide the office with all information required to bill the third party when you check in for your appointment.
- If you are a workers’ compensation patient who refuses to provide your personal insurance as a back up and your workers’ compensation company denies your claim, you will be personally responsible for payment, regardless of litigation.
- We will bill benefit-assigned claims to both the third party and your health insurance carrier for all services provided by our office – **one time only**. Should either insurance company reimburse you directly, we expect payment from you – in full- within 10 days of the receipt of payment. The patient is ultimately responsible for payment for any charges incurred.
- It is your responsibility to notify Blair Orthopedics of any changes in your health insurance.

Payment is Due at the Time of Service

- We accept cash, checks, debit and credit cards. A \$25.00 fee will be charged for all checks which are returned due to insufficient funds.
- Insurance required co-payments are due at the time of service. If you are unable to pay your co-payment at check-out, you will be responsible for a \$6.00 service charge.
- Patient responsible balances are due at time of service.
- Your co-pay amount is subject to change depending on your insurance plan and/or any procedures that may be provided during your visit.
- All outstanding balances must be paid **prior** to your next visit or you may not be scheduled until payment is made.
- **Overdue accounts that are sent to collections may be charged a collection service fee.**

Referrals

- **You are responsible for managing your insurance.** If your insurance company requires a physician referral, you are responsible to have your Primary Care Physician send a referral to our office **prior** to your appointment. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service. If you have any questions regarding your insurance coverage or eligibility, you should call the toll free phone number located on the back of your insurance card.

Our Responsibility to Report Non-Compliance

- It is our obligation under many of the insurance contracts to report patients who: repeatedly refuse to pay co-payments / deductibles at time of service, or who repeatedly “no show” for appointments.

Divorce Cases

- In cases of divorce, the individual who receives care is responsible for payment of co-payments, coinsurance, deductibles and nonparticipating insurance balances. We will not bill a divorced spouse for the patient’s services.

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Child Custody Cases

- The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating insurance, or nonparticipating insurance. The practice does not honor divorce specifics (e.g. percentage of financial responsibility).
- If the child has coverage with a participating insurance plan and the proper insurance identification is present at the time of service, the practice will bill that insurance company.

Billing, Payments and Refunds

- It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same guarantor or financial responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.

Miscellaneous

- You may contact our Patient Accounts Representative at (814) 204-1187 Monday through Thursday from 8:00 am to 5:00 pm to discuss payment options. We may require all co-pays to be paid before payment arrangements will be made for other outstanding balances.
- **If you are unable to keep your appointment, you must cancel at least 24 hours in advance or you may be responsible for a \$20.00 no show fee.** Independent Medical Examinations require at least 5 business days advance notice to cancel. Please contact your employer regarding these cancellations.

Patient Copy Available at Check-In Upon Request

PATIENT'S NAME: _____ **PATIENT'S DATE OF BIRTH:** _____

I have reviewed this statement and I am fully aware of my financial responsibilities.

PRINT NAME: _____ **TODAY'S DATE:** _____

SIGNATURE: _____

Authorization to Retain Credit Card Account Information for Payment.

I, _____ hereby authorize Blair Orthopedics to confidentially retain and charge my credit card account for my ongoing balances.
(PRINT NAME)

Signature _____ **Today's Date** _____

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____

Name on Card: _____ Expiration Date ____/____

OFFICE USE ONLY

Information Verified by: _____ Date: _____