



## FINANCIAL POLICY

Welcome to Bluewater Orthopedics! We are pleased that you have chosen us as your care provider. Our mission is to provide you with the highest level of professional medical care with the highest degree of patient satisfaction. One important aspect of optimal patient care is to have an agreement as to financial responsibility to avoid any misunderstandings and to ensure timely payment for services.

### Payment Responsibility

Patients or their legal representative are ultimately responsible for all charges for services rendered. We accept cash, check or credit card. Payment is expected at time of service for all charges owed for the current visit as well as any prior balance.

### Types of Patient Payments

1. **Co-payments** – Bluewater Orthopedics is contractually required by insurance carriers to collect co-payments at the time of services are rendered. The patient's appointment may be rescheduled if he/she is not prepared to make this payment.

2. **Deductibles** - Some insurance plans require patients to pay a predetermined amount before services will be covered.

3. **Co-insurance** - Some insurance plans require that patients pay a predetermined percentage (e.g. 20%) of the allowed charge amount.

- The co-payment, deductible or co-insurance amount will be collected at the time of service.

4. **Uninsured Patients (Self-Pay)** - Payment for all services rendered is due at the time of service. We offer bundled payment options for those seeking to pay directly for care apart from an in-network insurance plan. This visit includes a physical examination, x-ray if needed, and a detailed care plan. Self-pay bundled payments are a single visit package for each applicable visit. This package does not include in-office injections, surgical treatments, cast application, durable medical equipment, follow-up care or any additional x-rays. If the total charge amount is not available at the time of checkout, the patient will receive a statement for charges incurred but not paid.

- New Patient, Follow-up patient (EP) New Complaint, EP over 1 year, EP over 3 years: \$325.00

- Follow-up patient for treated complaint: \$250.00

- Visit add-on amount not included in above fee:

1. Injection (non-visco): \$100.00

2. Cast application fee: \$125.00

3. Additional x-rays: \$50.00

4. Durable Medical Equipment: Practice fee with a 20% discount prompt pay discount

5. **Out-of-Network** - Patients being seen as Out of Network will be required to pay the self-pay rate for that day's visit at the time services are rendered. We will courtesy bill your insurance company and will refund the patient if insurance pays for provided services. If the total charge amount is not available at the time of checkout, the patient will receive a statement for charges incurred but not paid.

See Uninsured Patients (Self-Pay) for rates.

6. **Non-Covered** - "Non-covered" means that a service will not be paid under a patient's insurance contract. If a patient is unsure whether a service is covered by his/her plan, it is ultimately the patient's responsibility to call his/her insurance carrier to determine what the schedule of benefits allows. If non-covered services are provided, the patient will be expected to pay for the services at the time of service. Appeal procedures are generally available and billing staff will assist patients in attempting to resolve adverse determinations. Under no circumstances will billing staff falsify or change a diagnosis or symptom in order to convince an insurer to pay for care that is not covered.

For Medicare, all non-covered services will be communicated to the patient prior to treatment and documentation of his/her acceptance of financial responsibility will be obtained prior to providing treatment. The Centers of Medicare and Medicaid Services (CMS) has mandated the form "Advance Beneficiary Notice (ABN)" to be used for this notification.

### **Insurance**

All patients must present their insurance card (if applicable) and proof of identification (e.g. Photo ID, Driver's license). Patients who do not provide current proof of insurance may be billed as a self-pay patient. If at a later time the patient presents his/her insurance card(s), services already rendered may or may not be retroactively billed depending on the insurance's claim filing requirements. The patient's insurance is a contract between him/her (and/or employer) and the insurance carrier. Bluewater Orthopedics is not a part of this contract. For this reason, we cannot waive copays or deductibles.

Patients are responsible to:

- Know if a referral is necessary for office visits. (If patient chooses to NOT follow payer policy regarding obtaining a referral from Primary Care Provider, patient can be seen as a Self-Pay and payment in full at time of service will be required.)
- Check with their insurance carrier to determine if recommended testing is covered under their medical coverage policy. (If patient chooses to have non-covered testing, payment in full at time of service will be required.)
- Contact the insurance carrier to determine the schedule of benefits and if a co-payment or deductible applies.
- Arrive for appointments with proper documentation.
- Appeal adverse determinations.

**Insurance Verification** - Verification of patient's insurance eligibility will be done 2 business days prior to scheduled visits. If staff members are unable to confirm active insurance coverage for a patient, the patient will be contacted and advised of his/her insurance eligibility status. Patients who are unable to present an alternative form of active insurance coverage prior to the visit will be informed that they classify as Self-Pay and will be required to pay at the time services are rendered or may reschedule their appointment. For same day appointments, eligibility will be checked as the appointment is made.

**Insurance Claims Processing** - Bluewater Orthopedics accepts assignment of benefits for many third party carriers. In accordance with the insurance carrier contracts patients will be required to pay co-payments at the time services are rendered. Bluewater Orthopedics will submit charges for services rendered to the insurance carrier. The patient or guarantor will be expected to pay the entire amount that is determined to be patient responsibility. These fees are for physician services only and there may be additional charges from laboratory, radiology, or other diagnostic related providers.

**Non-contracted Insurance** - If non-contracted "out of network" insurance (an insurance company with which our providers are not contracted) has not paid within thirty (30) days, the remaining balance, beyond the amount we collect at time of service, is the patient's responsibility.

### **Outstanding Balances**

Any outstanding balance that is due from the patient is payable in full upon receipt of statement. In the event a patient presents for an office visit and has an outstanding balance, a request for payment will be made. Patients who fail to respond to statements will be placed into collection status. Patients with an outstanding balance for more than (90) days may be referred to an outside collection agency and will be charged a \$20 collection fee in addition to the balance owed. A patient with unpaid delinquent accounts or accounts which have been written off to bad debt may not receive additional scheduled services unless special arrangements have been made. The patient may be discharged from the practice; however, in all situations the urgency of treatment will be taken into consideration.

### **Late Arrivals, Cancellations and No-shows**

**Late arrivals** - Patients who arrive late for a scheduled appointment may be asked to reschedule the appointment or wait for an open appointment time on that day's schedule. The physician may decide to work the patient in but this is at the discretion of the physician. There is no option or preference given for a particular provider.

**Cancellations** - Patients shall call at least one (1) business day in advance if unable to keep a scheduled appointment time or the practice will consider the patient a “no-show”. In accordance with our practice guidelines, a patient may be discharged from the medical practice for “no-showing” for a scheduled appointment.

No-shows will be documented in the practice management system and a history of no-shows may result in refusal to schedule future appointments. Bluewater Orthopedics staff will notify a patient via regular mail when this decision is made. First visit appointments that are repeatedly cancelled and new patient no-shows will count toward the patient’s no-show record and may result in non-acceptance or discharge.

**Surgery** – If surgery is indicated, a pre-payment may be required 10 days prior to the surgery being performed. Your out-of-pocket cost is estimated based on your benefits and our fees. Anesthesia and facility charges are separate fees.

**Motor Vehicle Accidents (MVA) Insured and Third Party Patients**

If you are injured in and/or around a motor vehicle you must report the injury to your motor vehicle insurance carrier. Claim billing information including the claim number and date of injury must be provided timely to the business office. We will bill the MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier within 30 days. We regret that we are not in a position to confer with attorneys or defer payment obligations while a case settles. If your personal injury protection benefit on your MVA policy is exhausted, we will bill your private insurance at your request provided we are furnished the necessary information at the time of service.

**Workers’ Compensation**

If your visit is work-related, we will need the case number and carrier name prior to your visit in order to bill the workers’ compensation insurance carrier.

Due to timely filing insurance guidelines, we will send billing statements to your private health insurance carrier for their records for claims not paid within thirty days from the date of service.

If your case is denied, we will bill your private health insurance carrier. If the claim is not paid within 30 days, the balance will become your responsibility and is due in full within thirty days of the billing date. If you are unable to pay your account in full please contact the collections department for payment arrangements. After sixty days, if payment arrangements have not been made, unpaid balances may be transferred to an outside collection agency.

**Release of Information:** I hereby authorize and direct Bluewater Orthopedics to release to governmental agencies, insurance carriers, or others who are financially liable for such professional and medical care, all information needed to substantiate claim and payment.