



BONE & JOINT SURGEONS, INC.
Orthopedic Surgeons

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Bone and Joint Surgeons, Inc. Patient Responsibility Policy

Welcome to Bone and Joint Surgeons, Inc. We take great pride in providing the highest quality care to all of our patients and we firmly believe that a good patient/physician relationship is based upon understanding and open communication.

The policies and protocol provided below are designed to assist you in obtaining and understanding our services from the beginning of the physician/patient relationship.

We also recognize the need for a clear understanding between our patients and our physicians regarding financial arrangements for medical care. The following information is provided to you to avoid any potential misunderstanding concerning payment for our professional services.

1. **Proof of Insurance/Proof of Identity** – You are required to show proof of insurance and a government issued photo ID or drivers' license at each appointment.
2. **Changes in Insurance** – If there are any changes in your insurance, you are required to notify our office. If you fail to provide us with proper notification of change in insurance, you may be responsible for all services rendered.
3. **Co-Payment** – Most insurance plans require the insured to pay a co-payment for office visits and other specified services such as x-rays and injections. Accordingly, there may be more than one co-pay required for treatment we provide to you. Your insurance plan requires that we collect your co-pay at the time you are seen and, consequently, you will be expected to pay this co-pay, in full, on the day of your appointment. Please come to your appointment prepared to pay your co-pay. Failure to pay your co-pay at your appointment may result in Bone and Joint Surgeons rescheduling your appointment and may also result in a cancellation fee of \$25.
4. **Unpaid Balance Responsibility** -We are pleased to provide the service of submitting claims for our patients; however, we remind you that you are ultimately responsible for payment of any services we provide. You are exempt from this policy if your primary insurance carrier is Medicare or Workers' Compensation. Even though we will file insurance on your behalf, you are responsible for any balance after insurance processes your claim. All charges for treatment become due and payable sixty (60) days after the date of service. Patients without proof of insurance will be considered self-pay patients and services must be paid in accordance with our payment policies, including initial \$200.00 co-pay amount. Your failure to pay all unpaid balances may result in you and your immediate family members being discharged from our practice.

5. **Managed Care** – All managed care (i.e. HMO, PPO, POS) co-payment amounts are due at the time of appointment check-in. If your insurance plan requires a referral authorization from a primary care physician, please present this at your initial visit. If you request an office visit or procedure without a referral authorization, your insurance plan may deem this as “out of network” or non-covered treatment and you will be responsible for all of our charges. By signing below, you acknowledge that it is your responsibility to be aware of what services are covered by insurance and you agree to pay for any service deemed to be non-covered or not authorized by the plan.
6. **Self-Pay** – All self-pay patients are responsible for their balance and payment is expected within sixty (60) days following treatment. If you need special payment arrangements please notify the office. Self-pay patients will be charged an initial co-payment of \$200.
7. **Payment Plans** – There are some instances in which Bone and Joint Surgeons, Inc. will provide the opportunity for patients to make payments over either three or six consecutive months depending on the patient balance. Please contact one of our billing representatives to discuss this matter.
8. **Medicare** – Bone and Joint Surgeons, Inc. is currently a participating provider with the Medicare program and accepts as payment the following: a) the patient Medicare allowable; b) your deductible; and/or c) 20% co-insurance. If you have supplemental insurance to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card. Medicare and secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding.
9. **Children of Divorced Parents** – Responsibility for payment of patients who are minor children and/or whose parents are divorced rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved, without the inclusion of Bone and Joint Surgeons, Inc.
10. **Medical Records** – Our office is authorized to release your medical records to the insurance of the insured for the purpose a) of payment of claims; b) utilization management; and c) quality assurance. There may be a minimal charge for providing your records to other entities.
11. **Radiographs (X-Rays)** – Our office has the ability to send Radiographs on disc or film to other facilities. A processing fee may be incurred for this service. If taking films to another physician’s office, it is your responsibility to determine which media is required. Please note that Bone and Joint Surgeons charges a separate fee for radiographs.
12. **Missed Appointment Policy** – We ask that you show consideration to our practice and our other patients by notifying our office of any cancellation by 3 p.m. of the day preceding your appointment (or by 3 p.m. on Friday for a Monday appointment). This is to allow us time to offer your appointment time slot to another patient who needs our care. Given the volume of patients under

our care, we reserve the right to charge you a \$25.00 patient no-show/late-cancellation fee if you do not show up for appointments or cancel appointments late. After-hour messages regarding cancellations may be left at (304) 343-4583. If you miss scheduled appointments, Bone and Joint Surgeons, Inc. reserves the right to discharge you from our care.

13. **Late Appointment Arrival Policy** – If you arrive for your appointment more than 30 minutes late, Bone and Joint Surgeons, Inc., will try to accommodate you depending upon the physician’s schedule and the circumstances of your late arrival. However, your appointment will likely need to be rescheduled given the volume of patients under our care. If your late arrival results in us rescheduling your appointment, we reserve the right to charge you a late cancellation fee.
14. **Cancellation/Rescheduling Surgery** – We ask that you show consideration to our practice and our other patients by notifying our office at least 72 hours in advance if you are unable to keep your surgery appointment. We need to reserve the option to offer that surgery appointment to another patient who needs our care. If you have a schedule conflict, we will be happy to work with you in rescheduling a time more convenient. Failure to provide a 72-hour cancellation notice may result in your discharge from our practice.
15. **Charges for Forms** – Bone and Joint Surgeons, Inc. charges a \$10.00 fee for processing disability forms including short-term disability, long-term disability, and the Family Medical Leave Act form requested by you or a third party. The fee must be paid prior to release of medical records or at the time the forms are picked up. We will gladly mail or otherwise provide forms to the requesting party at no additional charge.
16. **Guaranty of Payment** – The patient, responsible party or his/her legal guardian is fully responsible for payment of medical care for our services. Any payment not covered by insurance is the patient’s immediate responsibility. Your signature below indicates your understanding of this policy
17. **Returned Check Charge** – We reserve the right to charge \$30.00 for returned checks.

On the Day of Your Appointment

We encourage you to wear loose comfortable clothing and/or bring shorts on the day of your appointment to facilitate ease of examination. We also ask our patients to refrain from wearing perfumes or cologne due to allergies of some of our other patients and as a courtesy to our patients and staff.

Patient/Guardian Last Name, First Name _____, _____

Patient/Guardian Signature _____ Date _____