

BONE & JOINT SURGEONS, INC

100 Tracy Way
Charleston, WV 25311
304-343-4583

FINANCIAL POLICY

Welcome to Bone & Joint Surgeons, Inc. It is our hope that you will understand that our financial and billing policies are necessary to maintain vital health care service to our patients and the community. The following are our office's current financial policies which may be changed at any time without notice.

INSURANCE:

We will bill all PRIMARY insurance companies and any secondary insurance for our patients. Please provide us with complete and accurate insurance information, as well as any changes of address, telephone number, or employer.

PRECERTIFICATION:

Any test requiring pre-certification from your insurance company is the patient's responsibility to notify insurance company office personnel aware of the requirement.

PPO/HMO:

All require a referral/confirmation form prior to the office visit or the PPO/HMO will not pay for the services provided.

CO-PAYMENTS & DEDUCTIBLES:

Co-payments and deductibles will be collected after seeing the physician on the day of your appointment. All insurance companies require that the physician collect all co-pays and deductibles from the patient. Payment may be made by cash, check, VISA, MasterCard or Discover.

Your insurance coverage is a contract between you and your insurance company. You are still responsible for payment of your account. If you have questions regarding the insurance payment, it is your responsibility to contact your carrier. The "usual and customary charge" is the amount paid by insurance companies and is determined by their budget. This **DOES NOT** reflect the charge for a particular procedure.

MEDICARE

We are a participating office. We will file your Medicare claims. We will also file your Medicare secondary insurance claim. You will provide us with the necessary information. If we dispense an appliance or brace to you, Medicare may not pay for it. You are responsible for the charge.

NONINSURED

Payment is due at the time of service. If it is necessary to establish payment arrangements, please contact our billing department prior to appointment.

AUTO ACCIDENTS AND PERSONAL INJURY:

All auto accident and personal injury patients are required to pay at the time of service. Please bring all your auto/homeowner's insurance information with you at the time of your office visit. An itemized statement will be given to the patient upon request. If you have health insurance, please provide us with the insurance information for billing purposes.

STATEMENTS:

Itemized statements are issued monthly. Messages on the statement will indicate the status of your account.

If you have any question about these policies, please contact our billing department at 343-4583.

I have read and understand this financial policy.

I understand my insurance coverage is a contract between myself and my insurance company, and I agree to accept financial responsibility for payment of charges incurred.

Signature _____ Date _____
(parent or guardian if patient is a minor)

