

Hoffmann Orthopedic Clinic Financial Policy

Please take a few minutes to read and complete the information at the end of this page.

Due to tremendous changes in the insurance industry we will follow the below stated financial policies. We will, as a service, file the insurance claim for physician fees with most insurance carriers. If you have not received a notice in 30 days from your carrier that your claim has been paid, please contact your insurance company immediately to assure your claims are paid on time. If after 60 days your carrier has not paid your claim, we must ask that you settle your account with us and follow up with your insurance. All insurance is filed as a courtesy to the patient, providing that we have correct insurance information on file at the time of services rendered.

Missed Appointments: When an appointment is not cancelled 24 hours in advance or kept when made the same day, there will be a \$25.00 charge added to the account for missing your appointment time. When this happens a second time or with your first new patient appointment the physician may elect to close your account with the clinic. We ask that you present your insurance card at each visit. We accept cash, checks, Visa, Discover, and MasterCard. Return checks are subject to a \$25.00 NSF check fee. You will have 10 days from the time our letter is received to pay the check amount plus the fee. If a balance still remains after 10 days your account will be turned over to the Authorities Office and Collection Services.

HMO's/ PPO's and any managed care patient will be expected to pay their co-pay and/ or deductible and any non- covered service at the time services are rendered. If your plan requires you to have an authorization to see a specialist, you will need to obtain that from your primary care physician's office prior to seeing the specialist. No retroactive referrals will be accepted. I hereby authorize Hoffmann Orthopedic Clinic to furnish information to insurance carriers concerning my dependent's illness and treatment.

 Yes, I have read and understand the above information and authorize payment of medical benefits to the party who accepts assignment for services rendered.

Patient Name

Relation to patient

Signature

Date

" The Billing Party" -- at the time of service is the responsible party for the charges on that day.