



## ORTHOPAEDIC SPECIALISTS OF AUSTIN

### Financial Policies

Our primary goal is to provide excellent health care to all our patients. It is necessary, however, to establish policies to avoid misunderstandings. We would like to clarify the following policies that are followed by our practice:

**Insurance Coverage.** We accept many, but not all insurance plans. Your insurance is a contract between you and your insurance plan. Therefore, it is your responsibility to know whether our providers participate with your insurance. To find out whether your doctor is participating with your specific insurance plan, please call them directly or refer to your provider directory. If our doctors do not participate with your specific plan, payment is due at the time of service. Our office will attempt to verify your benefits 2 days prior to your appointment, but knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions about your coverage or claims processing.

**Proof of Insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current, valid proof of insurance. If you don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the charges incurred. If any information changes, you must notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Co-Payments and Balances.** Co-payments are due at the time you check in. This arrangement is part of your contract with your insurance company. Please note that Orthopaedic Specialists of Austin physicians are specialty physicians, and higher co-pays might apply. If you cannot pay your co-payment, you might have to re-schedule your appointment. Outstanding balances are always due upon checking in with our front office. If you have an unmet deductible, we request payment of \$150 toward your deductible. This \$150 payment will be applied to your final balance once your insurance company processes your claim, and you will be responsible for the remaining balance. Please note that your bill could be significantly more than \$150 if you receive x-rays and/or injections or other services.

**Referrals/Authorizations.** It is your responsibility to obtain valid authorizations from your primary care physician (PCP) if your insurance company requires them. Authorizations must be provided by your insurance plan to our office prior to your appointment. If our office does not have your authorization, your appointment will be rescheduled or payment will be required at the time of your appointment.

**Work-Related Injuries.** You must tell our office if your injury/condition is work-related, and we must verify your claim before your appointment. If you work for an employer who is covered under provisions of the Texas Workers' Compensation Act, any injury/condition caused while performing services for the employer must be filed under Workers' Compensation according to Texas law. If your Worker's Compensation claim is found to be fraudulent or non-compensable, you will be fully responsible for all charges.

**Non-Payment.** Statements are due and payable in full upon receipt. In the event that your bank returns payment made by a personal check, a service fee of \$25.00 will be billed to your account. If any balance is outstanding, we might refer your account to a collection agency, and you might be discharged from this practice. If this office must take action to collect an outstanding balance on your account, you will be responsible for payment of all costs of such collection efforts, such as certified mail costs and 30-50% collection agency fees.

I have read and understand the financial policies and agree to abide by all guidelines:

\_\_\_\_\_  
Printed name of patient or responsible party

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date