FINANCIAL POLICY

Thank you for choosing Pediatric Orthopaedic Surgery Associates as your health care provider for your child's orthopaedic needs. If you have any questions or concerns about our payment policies, please do not hesitate to ask our business office personnel. This policy

must be **read**, **initialed** and **signed** prior to seeing the provider.

Your insurance policy is a contract between you, your employer, and the insurance company. Our relationship is with you, no your insurance carrier as we are NOT a party to that contract. Should your insurance plan require a referral, it will be the responsibility of the zatient to obtain referral. Deductibles and co-payments are due at the time of service. A credit card is required to remain on file to secure the patients account. All charges incurred are your responsibility regardless of whether your insurance company covers the services rendering account. All charges incurred are your responsibility regardless of whether your insurance company covers the services rendering over 90 days past the completion of care. Unpaid balances otherwise are subject to collections in a small claims court, attorney, and/or collection agency with applicable collection fees are the responsibility of the patient. If the insurance company does not process your claim within 30 days we request that you please contact your insurance company and request prompt payment. Please contact our insurance department and inform them of the insurance company's response. Missed appointments or cancellations of less than 24 hours will result in a \$25.00 service fee. Returned checks will be subject to a \$30.00 collection charge. If the check is not picked up and the balance paid within 5 unsiness days, your check will be sent to the Division of Bad Checks with the Johnson Countyl District Attorney for prosecution. Medical Record base fee is \$18.97 and an additional .63¢ per page. Radiology fee is \$20.00 per CD. Completion of FMLA or insurance forms is \$25.00. Private pay patients must establish a financial agreement with down payment prior to evaluation. The details of your financial billing of the patient of charges that will be applied towards your deductible or coinsurance. Service Olavicle/Finger/Toe/Foot fractures Say50.00 Ankle/Knee/Lover Log/Hip fractures Say50.00 Ankle/Knee/Lover Log/Hip fractures Say50.00 Ankle/Knee/Lover	Our office accep	ts assignment with most major insurance companies and participa	ting provider plans	
account. All charges incurred are your responsibility regardless of whether your insurance company covers the services rendered. I, hereby authorize, with the signature below and credit card I have providedMcVISAAMEXDISCIHSA/FSA to be billed for any unpaid balances others erabiling over 90 days past the completion of care. Unpaid balances otherwise are subject to collections is small claims court, attorney, and/or collection agency with applicable collection fees. Collection fees are the responsibility of the patient. If the insurance company does not process your claim within 30 days we request that you please contact your insurance company and request prompt payment. Please contact our insurance department and inform them of the insurance company's response. Missed appointments or cancellations of less than 24 hours will result in a \$25.00 service fee. Returned checks will be subject to a \$30.00 collection charge. If the check is not picked up and the balance paid within 5 business days, your check will be sent to the Division of Bad Checks with the Johnson County District Attorney for prosecution. Medical Record base fee is \$18.97 and an additional .63¢ per page. Radiology fee is \$20.00 per CD. Completion of FMLA or insurance forms is \$25.00. Private pay patients must establish a financial agreement with down payment prior to evaluation. The details of your financial biligation will be determined at that time. Below is a list of common fractures and the estimated charge collected with each fracture that is diagnosed. This amount is an estimated deposit of charges that will be applied towards your deductible or consurance. Sarvice Clavicle/Finger/Toe/Foot fractures \$200.00 Hand/Wrist/Elbow/Shoulder fractures \$375.00 Surgery required \$500.00 Cast/Splints \$75.00 - \$200.00 Ankle/Roea/Lower Leg/Hip fractures \$3375.00 - \$200.00 Supplies and DME We understand that temporary financial problems may affect timely payment of your balance, and encourage you to communicate any problems in o	your insurance carrie	r as we are NOT a party to that contract. Should your insurance pl		
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pediatric orthopaedic surgery associates