



## Financial Policy

Welcome to the Orthopaedic and Sports Medicine Center. We are pleased you have chosen our orthopaedic surgeons for your orthopaedic needs. Our dedicated billing staff is here to assist you with your account and help with any insurance issues you may encounter. We make every effort to keep down the cost of your medical care. Our office and surgical fees are determined by the complexity of the procedure, time involved and the fee that is usual and customary for our area. Services such as diagnostic x-rays and/or treatments such as casts, splints, injections, physical therapy, etc., involve additional costs.

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions at all.

Please sign the attached “Financial Responsibility and Authorization to Treat” form and return to us.

### **Self Pay Patients**

All Self-Pay patients and patients who present without proof of insurance are required to pay \$200.00 in cash, check, money order, or credit card at the time of service.

*The actual visit charge may be higher. We will bill you for the difference.*

Follow up appointments will run approximately \$100.00 to \$150.00 and will be paid for at the time the service is rendered. All physical therapy appointments will be paid at the time services are rendered. The average physical therapy bill is \$125.00 to \$175.00 per appointment.

If you are facing fracture care or surgery, please plan to visit with one of our Patient Account Specialists to work out acceptable arrangements for payment.

Failure to bring your expected payment may result in having to reschedule.

### **Patients with Health Insurance**

**Please bring your insurance information to every appointment and tell us when there are changes.** We contract with many, but not all insurance carriers. We submit claims to all U.S. companies as a courtesy, however if we are not a contracted provider with your insurance company (i.e. out of network), we are not required to comply with their fee schedule.

If you have an auto related injury or are injured on someone else’s property, we will need to file with that insurance before we can file with your health insurance.

If your insurance requires pre-authorization or a referral for any services, it is your responsibility to notify us in advance and/or obtain the referral.

Your insurance **requires** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. Without it, you may be required to reschedule.

Deductible and co-insurance must be paid within 30 days of insurance processing. Accounts not paid within 120 days of service may begin accruing interest charges at the rate of 1.5% per month.

### **Forms of Payment**

We accept VISA, MasterCard, Discover, American Express, personal check, money order and cash. There is a \$15.00 administration fee for returned checks. Payment by credit card is also available on our website, [kansasortho.com](http://kansasortho.com).

### **Outstanding Balances**

The Orthopaedic and Sports Medicine Center reserves the right to utilize a third party collection agency for account balances not settled in a timely manner. Failure to keep your account current may result in dismissal from the practice.

### **No Show Policy**

Please notify us within 1 business day if you are unable to keep your appointment. "No Shows" may be charged \$35.00.

### **Third Party Insurance Forms (Disability, etc.)**

There is a charge for completing any form that is not directly related to reimbursement of medical services. For compliance purposes, the patient information portion of the form must be completed and signed prior to acceptance, along with payment. Form fees must be paid in full prior to release.

### **Quick Pay Option**

As a convenience to all of our patients, we offer "Quick Pay". We simply maintain your credit card in a secure file to capture any co-pays, deductibles, or charges not covered by your insurance. Receipts will be mailed to you when the credit card is used. Please visit with one of our patient account specialists if you would like to activate this option.

Any questions regarding this policy, please call our Patient Account Specialists at 785-564-4655 or our Financial Officer at 785-564-4640.

Orthopaedic and Sports Medicine Center, LLP (OSMC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. OSMC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.