

**ORTHOPEDIC ASSOCIATES OF NAPERVILLE
FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to the successful treatment of your condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our financial policy is important to our professional relationship. Please call our billing department if you have any questions. They may be reached at **630-355-3774 XT 18**.

- FULL PAYMENT IS DUE AT THE TIME OF SERVICE.
- WE ACCEPT CASH, CHECK, VISA OR MasterCard.
- ALL PATIENTS MUST COMPLETE OUR "PATIENT REGISTRATION FORM" AND OTHER RELATED FORMS.
- FOR CASES WHICH WE BILL INSURANCE DIRECTLY, WE MUST HAVE A COPY OF THE INSURANCE ID CARD.
- **IF PAYMENT IS NOT RECEIVED FROM THE INSURANCE CARRIER OR OTHER RESPONSIBLE THIRD PARTY IN 90 DAYS, WE HAVE THE RIGHT TO BILL YOU DIRECTLY.**
- PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES IN YOUR INSURANCE OR COVERAGE.
- 24-HOUR NOTICE IS REQUIRED FOR COPIES OF MEDICAL RECORDS OR X-RAYS AND THERE MAY BE A NOMINAL FEE.
- **NO SHOW POLICY IS AS FOLLOWS: IF PATIENT FAILS TO CALL THE OFFICE TO CANCEL OR RESCHEDULE FOR AN APPOINTMENT WITH THE DOCTOR OR THE PHYSICIAN ASSISTANT THERE IS A \$75 FEE; PHYSICAL THERAPY APPOINTMENTS ARE \$25 FOR EACH MISSED NO CALL/NO SHOW APPOINTMENT.**

UCR (USUAL AND CUSTOMARY RATES)

We are committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance company's arbitrary determination of UCR.

SELF PAY PATIENTS

Self-pay patients are required to pay the entire balance at the time of service unless prior arrangements have been made.

MEDICARE

We accept Medicare assignment. As a Medicare patient you are responsible only for the difference between the approved charge and the amount Medicare pays and your yearly deductible. If you have supplemental insurance we will bill it directly for you. You will receive a bill after your insurance has paid.

HMO/PPO/EPO (MANAGED CARE PLANS)

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. We are members of most, but not all plans. You are responsible for verifying that we are providers for your plan. If you are an HMO member you will not be billed as long as we have the necessary referrals. PPO patients will only be responsible for their co-payments and co-insurance as long as they have verified with their insurance that our physician is in their plan.

WORKERS COMPENSATION

If you are here as a result of a work related injury, we will require information regarding both health insurance and your employer's Workers' Compensation Insurance. We will also need to verify that your employer assumes responsibility for charges incurred. If we cannot verify responsibility or we are unable to obtain information on your employer's Workers Compensation Insurance, as a courtesy we will bill your health insurance carrier. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

ACCIDENT CLAIMS

If you are here as a result of an accident claim, we will require information regarding both health insurance and accident insurance. In addition, we will need the name, address and phone number of your attorney. In the case of a lawsuit we may need to file liens for payment. If payment is not received from these third parties within 90 days, we have the right to bill you directly.

When contacting you do we have your permission to identify ourselves as Dr. Markarian's office? ____ Yes ____ No

I understand that if the office agrees to bill insurance as a courtesy, I must submit information as needed to ensure payment for services rendered to me. I understand that I am ultimately responsible for payment for all services.

Name of patient _____ Signature of Patient or Responsible Party/Date _____