

Waterbury Orthopaedic Associates, P.C. Financial Policy

Co-payments and Deductibles:

Our health insurance contracts require us to collect payment of co-payments and deductibles at the time the services are provided. If acceptable insurance identification is provided, the following insurance types will be taken:

Medicare
Most Blue Cross Plans
Workers' Compensation
Contracted Managed Care Plans
CHAMPUS
Commercial Carriers

Accepted insurance identification is defined as a valid insurance card, policy or telephone verification. As a courtesy to our patients, verifiable and assigned insurance will be billed by our billing department.

Failure to pay a co-pay at the time of service will result in a \$15.00 charge added to your account.

Accepted Types of Payment:

For your convenience, Waterbury Orthopaedic Associates accepts cash, personal checks, Visa, and MasterCard.

Insurance Claim Submission:

As a courtesy to our patients, we will file your insurance claims at no additional charge to you. It is your responsibility to bring all of your insurance data to your appointment/visit. However, in the event of non-payment by your insurance company, payment is your responsibility.

Auto and Third Party Insurance:

We will submit the claim for you provided you have a claim number and appropriate insurance information with you. At your visit a signed PIP form will be required. We do not bill attorneys for services provided. However, if you do not bring the necessary information with you the day of your appointment/visit, payment of service is due at the time of service.

Worker's Compensation:

You will need to bring your claim number, billing information and employers' information in order to submit an insurance claim form. If you do not bring this information with you, responsibility of payment is yours.

Referrals:

Patients who are required to have referrals in order to be seen in our office are responsible for securing these referrals from the office of the referring physician prior to their first visits with us.

Surgeries:

Should you require surgery, we will obtain authorization from your insurance company and our

Billing Department will submit your insurance claim form. Of course, you are responsible for payment of any co-payment or deductible.

All patient and outpatient services requested by our physicians requiring pre-certification must be authorized prior to service being rendered and will be done as required by our staff. Please be aware that “pre-certification is not a guarantee of payment”.

Should you not have insurance coverage, our Billing Department will ask for payment prior to surgery.

Hospital care will not be denied to any person solely on the basis of their ability to pay.

Payment Plan Arrangements:

Medical Expenses are often not anticipated. We are willing to have our Billing Department work with our patients that are in need of payment plan arrangements.

Personal balances over 90 days are subject to a 2% per month late fee. Delinquent accounts may be assigned to a collection agency. Resulting fees and collection costs are the responsibility of the patient and/or his financial representative.

Missed Appointments:

So that our office can run efficiently for all of our patients, we request 24 hour notification of cancellation of your appointment. If you are unable to keep your appointment and fail to inform us, you will be charged a “no show” fee of \$25.00

Disability Insurance/FMLA Forms:

There is a \$10 fee for completion of each form/disability paperwork. Payment is expected at the time the paperwork is ready. Please allow seven (7) to ten (10) working days for completion. We will not bill the fee for this service.

Pediatric Orthopaedic Care:

Children under the age of eighteen (18) need to be accompanied by their parent or legal guardian at their appointment/visit.

Returned Checks:

Returned checks will be charged back to the patient’s account with a service fee of \$50.00. Such checks not redeemed in twenty (20) working days may be assigned to a collection agency. Resulting fees and collection costs are the responsibility of the patient and/or his financial representative.

Signature of Patient: _____

Date: _____