

**FINANCIAL POLICY**

Thank you for choosing Key West Orthopedics as your health care provider. It is our goal to meet patient needs and address patient concerns effectively.

An area of primary concern for all patients are financial policies of the practice, especially those pertaining to insurance billing and patient payment requirements. In an effort to keep patients informed about such policies, we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment.

As in all aspects of healthcare today, the greater role the patient assumes in the healthcare process, the higher the degree of satisfaction achieved. For that reason, we expect our patients to take an active role in their healthcare management, including the area of finances.

**PAYMENT POLICY AGREEMENTS** are presented for completion and signature upon each visit, prior to treatment.

**PAYMENT** is expected at the time services are rendered. This includes all deductibles, co-insurance and co-payments. Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees as outlined in the patients' contract agreement.

**DEPOSITS** are collected on all first time self pay patients and all procedures over \$295. The deposit is to be paid prior appointment or to the actual date of the procedure.

**INSURANCE** claims are filed for all primary, secondary and tertiary carriers as a courtesy to our patients. We will make every effort to collect from the insurance carrier. In the event your carrier does not pay the claim, you will be responsible for the bill.

**XRAY/FILM COPIES** all x-ray(s) performed during your office visit are the property of Key West Orthopedics, PA. X-ray services being performed today, does not include the cost of copying. If you would like to obtain a copy of your x-ray(s) on film, there is a fee. Copies of film(s) will be made, once payment is received. If you would like to purchase a copy of your films at today's visit, please request so at checkout. \_\_\_\_\_ (Please initial)

**STATEMENT & BILLING CORRESPONDENCE** are sent to update the patient as to the status of the account and whether your insurance company has fulfilled their obligation to you, the policy owner. It is the patient responsibility to update the office of any change in address, phone number or insurance carrier information. Without current information we cannot effectively do our job.

**RETURNED CHECKS** will result in a \$30 service charge. The check amount plus the service fee must be paid in **cash** within 10 days of notification. Failure to pay in full within 10 days will result in collection through the State Attorneys Office.

**DELINQUENT ACCOUNTS** are placed for collections 90 days from the date service was rendered. In the case of an insurance carrier the account will be placed for collection 90 days after the carrier has paid on the claim. Patients having financial difficulties are encouraged to discuss them frankly with our financial counselor before the account becomes delinquent.

**MOTOR VEHICLE ACCIDENT CLAIMS** are not filed for second or third party payors. These claims cannot be filed until the claim has been called in to your carrier and a claim number is obtained.

**WORKERS COMPENSATION CLAIMS** are filed only if verification can be completed. The patient is responsible for providing all necessary information.

I have read the Financial Policy of Key West Orthopedics. I understand and agree to adhere to the Policies as outlined.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date