

ORTHOPEDIC ASSOCIATES OF LONG ISLAND, LLP

FINANCIAL POLICY

Thank you for choosing Orthopedic Associates of Long Island, LLP! We are committed to the success of your medical treatment and care

For your convenience, we have answered a variety of commonly asked financial policy questions below. If you have any additional questions about any of these policies, please ask to speak with a Billing Specialist.

Which Plans Do You Contract With?

We contract with most plans. At the time you made your appointment, our participation with your plan should have been discussed with you. If this did not occur, or if you still have a question, please call and speak to someone in our billing department.

When do I Pay?

Payment is expected for all copays at the time of the visit. If you have either no insurance or you are covered by an insurance company with which we do not participate, all fees must be paid at the time of visit. We accept payment by cash, check, VISA, Mastercard, American Express and Discover.

Do I Need A Referral?

If you have a managed care plan with which we are contracted, you may need a referral from your primary care physician. If we have not received a referral prior to your arrival at the office, there will be a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled or offered the opportunity to assume financial responsibility for the services provided that day.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account. Any issues of payment resulting from separation or divorce documents must be resolved between the parents. We will hold the accompanying adult responsible for all charges unless specific arrangements have been made.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below.

Office Visits and Office Services

HMO & PPO plans with which we have a contract

If the services you receive are covered by the plan: All applicable copays are due at the time of the office visit. We ask for immediate payment as soon as any deductible is known.

If the services you receive are not covered by the plan: Payment in full is expected at the time of the visit. You will be asked to sign a statement authorizing these services.

HMO with which we are not contracted.

Payment in full for office visits, x-ray, injections, and all other charges is expected at the time of office visit. We will provide the necessary information for you to complete and file your claim directly with the insurance company.

Point of Service Plan or Out Of Network PPO

Payment for the copay and non-covered services is expected at the time of the visit. We will file an insurance claim on your behalf. Coinsurance and deductibles will be billed after we receive payment from your carrier. All balances due will be payable upon receipt of our statement.

Medicare (also Medicare HMO plans)

We will file the claim on your behalf, as well as any claims to your secondary insurance. Payment for copays or any services not covered by Medicare must be paid at the time of the visit. If you have regular Medicare as primary, and also have secondary insurance, no payment is necessary at the time of the visit. If you have regular Medicare as primary, but no secondary insurance, payment of your 20%

coinsurance will be billed once Medicare has paid. If Medicare is secondary, you are responsible for any copayments, deductibles, and coinsurance. We do not bill Medicare as a secondary.

Worker's Compensation

Prior to your visit, you will need to provide the accident date, claim number, employer information and insurance carrier information.

If we have verified the claim with your carrier, no payment is necessary at the time of the visit.

Please remember that if the claim is denied, the responsibility for the bill will be yours and payable at our usual and customary fees.

Worker's Compensation (Out of State)

Payment in full is requested at the time of the visit. We will provide you a receipt so you can file the claim with your carrier.

Automobile No-Fault Insurance

Prior to your visit, you will need to provide the accident date, claim number, and insurance carrier information. If the no fault policy is not in your name, we will need full information on the policyholder.

If we have verified the claim with the carrier: no payment is necessary at the time of the visit.

Please remember that if the claim is denied, the responsibility for the bill will be yours and payable at our usual and customary fees. **If a referral is needed from your private carrier, you must obtain one in the event that your no-fault carrier denies your claim.**

Commercial Insurance: Also known as indemnity, "regular" insurance, or has a percentage coverage (eg."80%/20% coverage.")

We will file a claim to your insurance company as a courtesy. In the event of the denial of any part of the claim, you will need to pay this bill and deal with your insurance carrier directly.

School Insurance: You must submit the original form to the school's carrier. Please bring a copy of the form with you. If you have no other insurance, we will bill the school insurance directly. If you have other insurance, the school insurance is secondary and while we will file the claim with your school carrier, you are responsible for payment.

No Insurance (self pay)

Payment in full at the time of the visit. We will work with you to settle your account. Please ask to speak with our staff if you need assistance.

SURGERY

If your physician recommends surgery, you will have the opportunity to speak with his executive assistant. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

If you have a commercial plan or are self pay, she may request a pre-surgical deposit.

(please detach and bring with you)

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Orthopedic Associates of Long Island, LLP.

I authorize Orthopedic Associates of Long Island, LLP to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Signature

Printed Name