

**PHOENIX ORTHOPAEDIC CONSULTANTS**  
**FINANCIAL POLICY**

Dear Patient:

Thank you for choosing Phoenix Orthopaedic Consultants for your orthopaedic care. We realize that questions may arise about our payment and collection policies and this notice is designed to provide an overview of these policies. Our goal is to provide quality medical care for our patients and it is important that we work together to assure that reimbursement for our services is straightforward and timely. Our practice administrator or billing department will be happy to discuss these policies with you.

**INSURANCE:**

1. You are directly responsible for payment of your medical care and you are expected to pay for any co-payment, deductible, or non-covered amounts at the time of service. Your insurance company may not pay for all of your health care costs. Insurance policies exclude some non-covered services; however, this does not mean that the services or tests are not necessary. It means that the insurance company may not pay for it. Please keep in mind that your insurance policy is a contract between you and the insurance company. The physician has no control over which services the insurance company does or does not cover.
2. In order to bill your insurance company for your medical services, you must provide our office with accurate billing information and your insurance card. If you do not provide this information at each visit, please expect to pay in full at the time of the office visit for the services rendered. We reserve the right to reschedule your appointment if the applicable co-payment is not paid in full at the time of appointment check-in.

**BILLING:**

1. As a courtesy to you, we will bill your insurance company for services rendered. In order to do so, we must have complete billing information, picture identification, and your insurance card. If your insurance changes, it is your responsibility to provide us with updated insurance information.
2. Arizona law requires insurance companies operating in the state to process claims within 30 days. It is your responsibility to promptly provide your insurance company with any requested information needed to process your claim.
3. In addition to co-payments and deductibles, you are responsible to pay for denied or non-covered services as determined by your insurance company. If our physician is an "out of network provider" for your insurance, the deductibles and co-insurance amounts are usually higher. Your insurance policy, not our office, determines these amounts.
4. You will receive a statement every month from our office showing your account balance. Your statement will indicate which portion of the balance is due from you, and which is still being processed by your insurance company. Patient balances are due and payable in full upon receipt of your statement.
5. Delinquent accounts will be transferred to a collection agency or our attorney when payments are not made in accordance with our policy. In the event of default, you will be required to pay collection costs and reasonable attorney fees. Accounts sent to collections are reported to all three major credit bureaus and are on file for seven years.

**SURGERY:**

Prior to surgery, our office verifies your insurance benefits and obtains appropriate authorizations from your insurance company. Once your insurance company determines your deductible, co-payment, and/or co-insurance amounts due for your planned surgical procedure, our office will collect the full amount of your expected patient liability, prior to your planned surgical procedure.

Please understand that maintaining financial viability is the only way our office is able to continue providing quality medical care for our patients. Your understanding and cooperation enables us to deliver the quality healthcare you deserve and expect.

**I UNDERSTAND AND ACKNOWLEDGE THIS FINANCIAL POLICY.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Date