

## **Our Financial Policy**

Thank you for choosing Tigard Orthopedic & Fracture Clinic (TOFC). The following is a statement of our financial policy. All patients must accept our financial policy before receiving treatment. Full payment of your bill is considered part of your treatment. Co-pays, deductibles and co-insurance are due at the time services are rendered. We require proof of current insurance at check-in, those patients without proof of coverage may be required to pay in full or be asked to reschedule their appointments

Method of Payment: We accept cash, check, Visa, MasterCard, Discover and Care Credit.

### ***Payment Guarantee***

For services rendered by Tigard Orthopedic & Fracture Clinic (TOFC) you guarantee payment of your account for any and all costs that will not be paid by an insurance carrier, government payer (including Medicaid), and other third party payer (together, referred to as "PAYER"), including in the event that if at a later date after initial approval your Payer denies your claim. You further understand that any out-of-network charges may be your responsibility as determined by your PAYER. You acknowledge that if your dependent is provided services you will be responsible for payment under these same policies, terms, and conditions. The "Responsible Party" listed on the Patient Data Sheet will be sent the Statement and shall be responsible for paying it. If the Responsible Party is not you and that person does not pay the bill, YOU are responsible for satisfying the Statement.

### ***Regarding Your Insurance***

As a courtesy to you, we will submit medical claims to your insurance company. Any balance after processing of our claim by your carrier is your responsibility. We extend this courtesy to any secondary insurance which is on file at the time of your visit. Billing additional or insurance not on file at the time of service is the patient's responsibility. The request to re-bill or bill alternate insurances will result in additional administrative fees. Your insurance policy is a contract between you and your insurance company. You are responsible for verifying if providers are in-network with your insurance company. Billing your insurance does not necessarily ensure payment by the insurance company nor does it release the responsible party from its financial obligation to our office for any unpaid balance. In case of an insurance partial payment, the balance is due by YOU and we will send you a billing statement. Balances over 120 DAYS due may be sent to a collection agency unless other arrangements have been made. Should you require a payment plan, our office manager will be glad to discuss your options with you. It is your responsibility to know your insurance benefits as it may not cover all of the services provided to you. These bills are non-negotiable.

### ***Regarding Work-Related Injuries***

We will file workers' compensation claims with your employer's workers' compensation insurance carrier.

### ***Motor Vehicle Accidents (MVAs) and Third Party Insurance Policies***

TOFC will bill your motor vehicle insurance. You are required to provide your private/commercial health insurance information, which will be billed should your MVA (PIP) coverage become exhausted.

### ***Completion of Forms***

You will be charged a fee of \$25.00 for the completion of forms such as AFLAC, FMLA, etc. Or you may be required to schedule an appointment. Payment is due at the time that you pick-up these forms. Please allow 7-10 days for

the completion of these forms. If you would like the forms mailed to you or the insurance, payment will be due prior to mailing, and we request you provide the self-addressed stamped envelope. We do not fax or email the completed forms.

There is an additional charge of \$75.00 for same day service for the completion of outside medical forms.

**FEES**

A \$35.00 service fee will be charged for all checks returned for insufficient funds. If your check is returned, you will be required to prepay in full by cash or credit card for additional services.

An administration fee of \$25 per month may be charged for all past due balances over 30 days.

*A \$50 fee may be assessed on accounts placed in collections.*

**Overdue and Collection Accounts**

Patients with past due accounts will be asked to make payment in full before being seen at TOFC. We reserve the right to forward your account to a collection agency if it is determined to be uncollectible. If your account is referred to an outside collection agency you will be required to pay any unpaid balance before further appointments can be scheduled. If your account has been sent to collections or you file bankruptcy, for future appointments you will be required to pay cash in advance for any services.

**Accepted Insurance Policies**

For current health insurance information, please call your health insurance administrator to verify provider enrollment with the physicians of Tigard Orthopedic and Fracture Clinic. With constant changes in health insurance coverage, and plans merging and restructuring, we may not be enrolled as providers with your plan.

We must emphasize that as providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from THE DATE SERVICES ARE RENDERED. Therefore, it is necessary for you to know what benefits your insurance plan provides for you.

We may also elect to discharge you from our practice should you fail to comply with our policy.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

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

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

\_\_\_\_\_  
Responsible party member's name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Responsible party member's signature

\_\_\_\_\_  
Date