

SOUTHSIDE ORTHOPAEDICS P.C.

Payment Policy

YOUR INSURANCE COVERAGE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY TO HELP YOU MEET MEDICAL EXPENSES. INSURANCE COMPANIES PAY CLAIMS BASED ON YOUR UNIQUE BENEFIT PACKAGE. WE DO NOT PROVIDE SERVICE BASED ON WHAT YOUR INSURANCE WILL OR WILL NOT PAY. INSURANCE COVERAGE VARIES GREATLY AND IT IS THE PATIENTS RESPONSIBILITY TO VERIFY IF SOUTHSIDE ORTHOPAEDICS IS IN NETWORK AS WELL AS HAVE KNOWLEDGE OF WHAT PROCEDURES YOUR INSURANCE DOES OR DOES NOT COVER. IT IS ALSO VERY IMPORTANT TO KNOW IF YOUR INSURANCE COMPANY REQUIRES ANY PRIOR AUTHORIZATION, OR REFERRALS.

IN ORDER TO PREVENT ANY MISUNDERSTANDINGS HERE ARE A FEW THINGS YOU NEED TO KNOW:

- It is the patient's responsibility to provide us with accurate and current insurance information.
- Co-pay's and co-insurance are due at the time of service.
- Referrals are to be presented at time of service. If this is a requirement of your insurance we will be unable to see you at your scheduled time without the referral.
- The patient is personally responsible for the payment of all balances.
- If this is an accident involving a third party insurance company payment is due at time of service. It will be the patient's responsibility to file a claim with your accident insurance.
- If this visit is to be filed with your Workers Compensation Insurance we require a written authorization from you employee before being seen. The letter of authorization should include a claim number and a contact name, phone number and address of where the claim should be sent.

MISSED APPOINTMENTS: Occasionally patients are faced with emergencies or unavoidable circumstances that may coincide with a previously arranged appointment. We ask that you give at least a 24 hour advance notice to cancel and or reschedule any appointments.

Patient name printed: _____

Patient signature: _____ Date: _____

For personal representative of the patient(if the patient is a minor or the patient is unable to make their own medical decisions.)

Print name of personal representative: _____

Describe personal representative relationship: _____

Signature of personal representative: _____