



**Orthopedic Physician Associates
Financial Policy**

Orthopedic Physician Associates is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services as you, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage.

Orthopedic Physician Associates believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agree to this Financial Policy.

Hours and Payment Types

Business Office Hours: 9:00 a.m. - 5:00 p.m.

Business Office Phone: (206) 386-2601

OPA accepts, Visa, MasterCard, American Express and Discover credit cards, personal checks and cash. You will be provided with a receipt for all payments.

Separate Billing

Most orthopedic surgery procedures require a surgical assistant. OPA makes an effort to use assistants who are part of the OPA staff. On occasion, our surgical loads and/or staffing levels make it necessary for us to use outside assistants. Should that occur in your surgery, you may incur a separate billing for the assistant's services. In addition, if you have a procedure or service outside of our office, you may receive bills from multiple parties. These may include but are not limited to Seattle Surgery Center, Swedish Medical Center, radiology and anesthesiology, and durable medical equipment (DME).

Participating Insurance Plans

OPA participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card and picture ID to every visit
- Be prepared to pay your co-pay before each visit
- For medical care not covered under insurance, payment will be your full responsibility
- Co-payments, co-insurance and deductibles are a contract responsibility between you and your insurance plan and we are unable to negotiate or reduce these amounts

Referrals

It is your responsibility to bring any required referral for treatment at or prior to your visit. If you do not have your referral, your visit may be rescheduled or you may be financially responsible for the services provided.

Medicare

OPA is a participating provider with Medicare. We always file your primary claim. We will file secondary carriers as a courtesy only. If payment from a secondary carrier is not received within 60 days of filing, all charges will become patient responsibility and are immediately due and payable.

High Deductible Plan

If you have a High Deductible Plan, be prepared to pay for your services in full as you incur them. If surgery is required you will be asked to pay in advance of booking a surgery time.

Non-Participating Insurances / Out of Network Discount

If you have insurance in which OPA does not participate, we will file a claim as a courtesy. However, if payment is not received within 60 days of filing, all charges will become "patient responsibility" and are immediately due and payable.

We offer an “out of network” discount of 5% on office visits, 20% on MRIs and 20% on professional surgical fees. The discount is applied to the full charge, and does not apply in cases of motor vehicle accidents, third party insurance claims or in cases when patients are reimbursed in full.

No Insurance, Third Party Insurance and Motor Vehicle Accidents

In order to secure an appointment we require a credit card number. If you fail to keep your appointment or cancel with less than 2 business days notice you will be charged a \$150.00 non-refundable fee. Any balance is your responsibility and must be paid at the time of the visit. Likewise, any associated surgery will require a 50% prepayment and the balance will be billed to the patient. If your care is related to a motor vehicle accident, please note your medical insurance may not cover your care. We do not file claims to auto insurance carriers or accept liens, nor do we bill third party insurance. You will be responsible for all charges and may submit those to other carriers as you like. For patients with no insurance we offer a cash discount to patients who pay in full at the time of service. There are no cash discounts for third party insurance. You will be responsible for the payment for the completion of certain forms that your Third Party Insurance does not cover. A list of these forms and fees is available.

Treatment of a Minor

If the patient is a minor (under 18 years of age), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and providing required referrals, insurance and picture ID cards.

We can discuss only billing information (no medical information) on an account for a patient over 18 years of age, regardless if the patient's parent, guardian or the subscriber is financially responsible.

Additional Charges

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| • For checks returned for “Not Sufficient Funds” | \$40.00 |
| • For all patient balances not paid in full after 60 days | \$10.25/Monthly Service Fee |
| • For all appointment cancellations of less than 24 hours or “no show” | \$40.00 |

Note: The Monthly Services Fee may be waived if arrangements have been made to place the account on a payment plan and the payment plan has been honored. Monthly Service Fees will resume if payment plan is not met according to the agreement.

Payment Arrangements

Payment arrangements can be arranged if needed. Please contact the Business Office to discuss terms.

Past Due Accounts

Any patient with a Financial Past Due Account may be denied a future appointment until balance is paid or a payment arrangement is made. You may contact our Business Office to set up a payment plan.

Collection Agency and Bad Debt

We will not schedule any type of appointment for you if your account has been turned over to collections or has a bad debt write-off. You must pay any amounts due either with OPA or our outside collection agency prior to booking any type of follow up appointment.

If you have questions about your insurance, our Business Office will help you. However, specific coverage issues should be directed to your insurance company member services department (typically, the number is found on the insurance card).

These policies are subject to change without notice. Please check our website at www.opaortho.com for any changes.

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible Party

Date

Patient Name (Please Print)

Date