



Orthopedic Physician Associates Financial Policy

Orthopedic Physician Associates (OPA) 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. OPA believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agreed 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.

Participating Insurance Plans

OPA participates with a variety of insurance plans. Please note the following:

- Bring your insurance card and picture ID to every visit.
- If you are enrolled in a managed care insurance plan (i.e. HMO), it is your responsibility to bring any required referral for treatment at or prior to your visit at OPA. If you do not have your referral, your visit may be rescheduled or you may be financially responsible for the services provided.
- You are expected to pay your co-pay before each visit.
- For medical care not covered by your 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.

Medicare

OPA is a participating provider with Medicare. We always file your primary claim. We will file secondary carriers as a courtesy only (except DSHS as we are non-participating). 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.

Non-Insured / 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 45 days of filing, all charges will become "patient responsibility" and are immediately due and payable. If you do not have insurance or are under-insured we offer an "out of network" discount of 5% on office visits, 20% on MRIs and 20% on professional surgical fees when paid before or on the day of the appointment. 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 may be reimbursed in full.

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 the surgery per our Surgery Prepayment Policy below.

Third Party Insurance and Motor Vehicle Accidents

If your care is related to a motor vehicle accident, please inform the receptionist so they may provide you with our Third Party/MVA Policy.

Surgery Prepayment Policy

If you require surgery, we will contact your insurance company to obtain eligibility and an estimate of your benefits, based on proposed services and information supplied by your insurance carrier. Prior to surgery, your estimated out-of-pocket expense related to OPA charges are due and payable. Any remaining balance is due within thirty (30) days of OPA receiving payment from your insurance company. Any credit balance will be refunded to the responsible party within (30) days of OPA receiving payment from your insurance company. (This Surgery Prepayment Policy does not apply to Medicare, senior plans, or worker's compensation plans.)

Most orthopedic surgery procedures require a surgical assistant. OPA makes every effort to use assistants who are part of the OPA staff whenever possible. 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, anesthesiology, and durable medical equipment (DME). Additional services may be required prior to and/or after your surgery. Radiology and other services are billable as well as subject to your insurance coverage and applicable post-operative period.

(PLEASE TURN PAGE OVER AND SIGN)

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.

Missed Appointments/Cancelations/NSF Checks

Broken appointments and checks returned for non-sufficient funds represent a cost to us, to you and to the other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge fees associated with missed or late-canceled appointments, checks returned for non-sufficient funds, and all patient balances not paid in full after 45 days. The breakdown for these fees is as follows:

- For checks returned for “Non-Sufficient Funds” \$40.00
- For all patient balances not paid in full after 45 days \$10.25 per month
- For all missed or late-cancelled appointments \$40.00

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 the payment plan is not met according to the agreement.

Forms

Please note that there are charges related to the completion of forms for both the provider and the administration costs. A list of these forms and their charges are available upon request. The charge is due in full before the completed form will be returned to you.

Payment Arrangements and Past Due Accounts

We understand that financial difficulty may be a reality. Payment arrangements can be arranged if needed by contacting the Business Office. Any patient with past due account may be denied a future appointment until balance is paid or a payment arrangement is made.

Collection Agency and Bad Debt

We will not schedule any type of appointment for you if your account has been turned over to collections nor has a bad debt write-off. You must pay any amounts due either with OPA or our outside collection agency prior to booking a follow up appointment.

If you have questions about your insurance or this document, our Business Office will help you and can be reached at (206) 386-2601. However, specific coverage issues should be directed to your insurance company member services department (typically, the number is found on the insurance card). If your insurance changes during your course of treatment, please notify our Business Office immediately.

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