

Orthopedic Physician Associates Financial Policy

Orthopedic Physician Associates a division of Proliance Surgeons is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services.

Hours and Payment Types

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

Business Office Phone: (206) 386-2601

OPA accepts, Visa, MasterCard and Discover Credit Cards

Financial Responsibility

You, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage.

If you have an arthrogram-MRI at OPA MRI, you may receive bills from multiple parties, including the Seattle Surgery Center and the radiologist who performs the injection procedure, in addition to the bill for the MRI scan.

Physician Assistant

****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.****

Co-payment and Deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable.

Participating Insurances

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. Payment can be made by cash, check, or credit card.

For medical care not-covered under insurance, payment will be your full responsibility.

Non- Participating Insurances

If you have insurance that the office does not participate in, our Business Office 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 immediately due and payable.

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 immediately due and payable.

High Deductible Plans

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.

Motor Vehicle Accidents

In most cases, we consider this a private matter between you and your auto carrier. Your medical carrier may not cover care. Therefore, to secure an appointment we expect 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. We do not file claims to auto carriers or accept liens.

Patients with No Insurance & Third Party Payers

In order to secure an appointment we expect 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 by a monthly statement. For patients with no insurance we offer a cash discount to patients who pay in full at the time of service.

OPA does not bill Third Party Payers. You will be responsible for all charges and may submit those to other carriers as you like. You will not be offered the cash discount.

(PLEASE TURN PAGE OVER AND SIGN)

Forms

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.

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.

Treatment of a Minor

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

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

Additional Charges

For checks returned for Not Sufficient Funds, a \$25 fee will be charged to your account.
For copies of x-rays or medical records a fee may be charged.

A service fee of \$5.25 will be charged monthly on all patient balances not paid in full after 60 days. This service fee will 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

It is a Federal guideline that we cannot book any type of appointment for you if your account has been turned over to collections or has a bad debt write-off. You must clean up 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 (number is on the insurance card).

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.

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