

# Nirschl Orthopaedic Center

## Financial Policy

Nirschl Orthopaedic Center for Sports Medicine and Joint Reconstruction, P.C. appreciates the confidence that you have shown us in choosing us for your health care needs. We are committed to providing you with the highest level of service and quality of care. We appreciate the opportunity to serve you and welcome your feedback to improve your patient experience.

We accept most insurance plans and will gladly file your insurance claims on your behalf. Ultimately you hold the financial responsibility for your account.

We ask that you remit any applicable copayment and deductibles according to the terms of your insurance contract at the time services are rendered. Additionally, it is your responsibility to provide any necessary referral information to us that your insurance company requires prior to your visit. We also ask that you notify us of any changes to your insurance information prior to each visit.

If you do have an outstanding balance due, we appreciate prompt payment in full. If you are unable to make payment in full, please inquire about arranging a payment plan.

If multiple attempts to collect payment from you are unsuccessful, we reserve the right to turn the outstanding balance due over to a collection agency. In addition to the principal balance due, you will also be responsible for any interest accrued plus any legal or collection agency fees incurred. Any payment made to us in the form of a check that is returned for insufficient funds will incur a \$25.00 fee per incident.

## Office Policy

We place a high value on your time and will make every attempt to ensure a positive experience. We will do our best to adhere to our scheduled appointment times. If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so that we may offer this time to other patients who may have a medically urgent problem. If you fail to provide us with a 24 hours notice of cancelation or fail to keep your appointment, we reserve the right to charge you a \$25.00 no show fee.

## Physical Therapy Policy

If you are unable to keep a physical therapy appointment, please notify us at least 24 hours in advance so that we may offer this time to other patients who would like to be seen in our office. If you must cancel and or miss your previously scheduled appointment and do not provide the required notice, you will be charged a \$25.00 fee. Finally, if you schedule an initial evaluation appointment and fail to keep the appointment, you will be charged a \$100.00 fee.

### Surgery Policy

If you are unable to keep a scheduled surgery appointment, please notify us at least 7 (seven) business days in advance. If you fail to provide us with adequate notice of cancellation or fail to keep your scheduled surgery, we reserve the right to charge you a \$250.00 fee.

If you have surgery in a hospital or an outpatient surgery center, you will receive a bill from us representing the surgeon's fee. Your surgery may require an assistant surgeon to be involved in your case and there maybe a fee for that surgeon. In addition, you likely will receive separate bills for services rendered by the facility, anesthesiology, and possibly radiology and pathology. Please be sure that you understand your insurance coverage and benefits prior to undergoing surgery.

### Durable Medical Equipment

There may be occasions when your course of treatment requires the use of an orthopaedic appliance or brace to facilitate your rehabilitation. In these instances, we will verify your benefits and file a claim to your insurance company when applicable. In cases where insurance does not cover the required equipment we do require payment in full for the equipment at the time of service.

### Consent

My signature below indicates my full understanding and consent to the above described policies. Additionally, I provide authorization to my insurance company to pay any applicable benefits directly to Nirschl Orthopaedic Center, P.C.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Date