



San Diego Orthopaedic Associates Medical Group, Inc.

PATIENT FINANCIAL POLICY

(Please read carefully)

Welcome to our practice and thank you for choosing us as your health care provider. In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care. If you have any questions regarding this policy please discuss them with our billing department.

General Payment Policies

- Full payment or accurate insurance information is due at time of service.
• Patients are required to present a current insurance card with every visit; without an insurance card you may be required to pay at the time of service.
• We accept cash, check or credit cards (MasterCard, Visa & Discover).
• Cash pay patients must pay in full at the time of service or prior to date of procedure.
• Co-payments are due at time of service. Patients without co-payment at time of service will be required to reschedule appointment or pay a \$25.00 administrative fee.
• There will be a \$30.00 charge for all checks returned as "NSF" (non-sufficient funds).

Payment of bill is expected upon receipt of our statement. Accounts become past due after thirty (30) days unless alternative arrangements have been previously made through the billing office.

Contract Medicine Payment Policies

All patients are expected to pay any required co-payments at the time of service. For medical services covered under your insurance contract, no additional payments are required. However, patients will be required to pay for non-covered supplies, equipment and services.

Medicare

San Diego Orthopaedic Associates Medical Group does accept Medicare assignment. All patients without a secondary insurance will be responsible to pay the remaining balance after Medicare payment. All patients are responsible to pay for "non-covered" services. Patients may be required to sign an Advance Beneficiary Notice to acknowledge notification of potential non-covered services.

Insurance Billing Information

Your insurance policy is a contract between you and your insurance company. We will, however, do a courtesy billing on your behalf. If your insurance company has not paid your account in full within ninety (90) days the balance may be automatically transferred to your responsibility for payment upon receipt of statement.

Minor Patients

A minor may not be bound by a financial agreement. The parents or guardians accompanying a minor are responsible for full payment. Non-emergency treatment will be denied for unaccompanied minors.

I have read and understand this financial policy and agree to be bound by its terms. I also understand that such terms may be amended from time to time by San Diego Orthopaedic Associates Medical Group, Inc.

Signature of Patient/Parent/Guardian

Date

Print

Name of Patient