

BRISTOL ORTHOPAEDICS, LLC

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PRACTICE FINANCIAL POLICY FOR PATIENT PAYMENT

We carry a mission to render the best possible care to our patients and consider your complete understanding of our financial policy as an important part of your care and treatment. To avoid miscommunication between our patients and the office, we would like you to be familiar with our financial policy:

--Patients are required to pay copayments, deductibles and coinsurance at the time of visit.

We have contracted with most major insurance plans to accept an assignment of benefits. This reserves our right to collect patient responsibilities at the time of visit. If you are covered by one of these plans, we will bill your plan for services rendered. The patient responsibility other than copayment, as copayments routinely are listed on the insurance cards, will be determined prior to the patient exiting the office and collected at that time. For your convenience, we accept cash, check, visa and mastercard.

--Be prepared to present your insurance card and proof of identity (driver's license) at each visit. You will be responsible for providing a change of address, telephone number and/or insurance information anytime a change occurs in addition to a yearly update.

--All health plans are not the same and may not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. We encourage you to be familiar with your contract between you and your insurance.

--You will be responsible for a prompt response to your insurance company to provide any additional information they may request regarding your treatment, pre-existing conditions, accidents or other insurance coverage. Failure to respond in a timely manner will result in your account becoming due and payable, in full, immediately as indicated by your insurance. Often times you can supply this information by completing our incident/injury report with our office.

--For scheduled surgical procedures, a prepayment of your deductible and coinsurance will be required for your portion of our fees, based on our insurance contract allowable. Any additional patient balance, per your insurance is due upon receipt of our billing statement. Self pay patients without insurance are required to prepay 50% of our fee on elective procedures. For services that are considered surgical procedures a "global" time period is established. Follow up care is part of the global period which could be between 10 to 90 days. X-rays and supplies (such as casting and splints are not included in the "global" fee. A copayment may occur for these services.

--We will look to the adult/responsible party accompanying a minor for payment of all services rendered to patients under the age of 18.

Appointments may be rescheduled for your convenience if financial responsibilities cannot be fulfilled at the time of visit or prior to scheduled elective procedures.

PHYSICAL THERAPY PATIENTS

--Co payment is due at the time of visit. Cash, check, visa and mastercard are accepted. Once deductibles and co insurance have been determined based on your insurance balance is due immediately upon receipt of billing statement.