

Patient Payment Policy

Thank you for choosing Matthys Orthopaedic Center. We are committed to providing the best medical care possible. Please understand that payment of your bill is part of your treatment. The information which follows explains our Financial Policy, which we ask that you read, sign and return to us prior to your treatment.

- All patients should provide accurate and complete personal and insurance information prior to being seen by the doctor.
- All applicable co-pays, co-insurances, personal balances, both current and prior, are due at the time of service.
- We will do our best to answer any questions; however, ultimately it is your responsibility to be informed about your personal policy. Specific insurance questions are best answered by your insurance company, and can be contacted at the number on your insurance card.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, explained below:

Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance, Medicare or a supplementary policy, or Medicaid	Physician copay amount. If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit.	File an insurance claim as a courtesy to you, as well as any claims to a secondary policy.
Occupational Injury Motor Vehicle Injury	No payment is required at time of service providing sufficient information is given in order for us to file the claim with your employer's liability company. No payment is required at time of service providing Motor Vehicle insurance* is provided. <i>*We'll need the auto insurance policy of the driver of the vehicle you were injured in.</i>	Work with your employer to determine their liability carrier and file the claim with them. Work with the auto insurance carrier to identify financial liability and file your medical claims with them.
No Insurance	\$100.00 down payment is required at time of service. The remainder of the bill, decided after the office visit is coded, will be billed out to you.	Work with you to settle your account. Please ask to speak with our staff if you need assistance. Payment plans are available.

We accept payment by cash, check, VISA, Mastercard, and Discover.

Past Due Accounts

Every courtesy will be taken on our part to work with you in deciding a payment plan to satisfy your account. If, however, no regular payment plan is upheld and your account goes past due 120 days it will be referred to a collection agency.

Returned Checks

For checks returned to us as unpaid by your bank, we will charge a returned check fee of \$30.00.

Medical Record Reproduction Charges

We're happy to process, copy, and mail or dispense your requested medical records after receiving your request with a charge of \$20.00 for the first twenty five pages, then \$.75 per page thereafter. This includes administrative, copying, and postage costs. There may be additional charges to reproduce Xray films, MRI's, CT scans, or other specialty forms of record.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, co-insurance and deductibles, are my responsibility. You have authorization to charge my credit card for any current or past due personal balance(s) upon receiving my verbal or written permission.

I authorize my insurance benefits be paid directly to Matthys Orthopaedic Center.

I authorize Matthys Orthopaedic Center to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

X _____

Date: _____

Signature of Patient or Legal Guardian