

# Kentucky Orthopaedic & Hand Surgeons

a Division of Ortho Kentucky, PLLC

## Financial Policy

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Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. **Please read this carefully so that we can avoid any misunderstandings** in the future. If you need further information about any of these policies, please ask to speak with a Billing Representative or the Practice Administrator.

### How May I Pay?

We accept payment by cash, check, VISA or MasterCard, and money order.

### Do I Need A Referral?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

### Which Plans Do You Contract With?

We participate with most major insurance plans; if you are unsure whether your insurance is one with which we participate, please refer to the provider list supplied by your insurer or call member services. Please remember that YOU are responsible for any bill or portion of a bill that is not paid by your insurance company. If we do not participate with your insurance, we do not take any contractual adjustments and **YOU** are responsible for the amount not paid.

### What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors.

1. **All balances are due within 30 days of treatment and after insurance has paid.**
2. Outlined information regarding your responsibility can be found on the following pages. Because of the many insurance plans in the market today, it is nearly impossible for us to stay well informed about each individual policy. It is your responsibility to know what your insurance will and will not cover and to ensure that your insurance company abides by the plan you have.
3. We will file appeals and follow your claim as much as we can, however, if you are experiencing delays or difficulties with your insurer and the payment of benefits to which you believe you are entitled, you should contact the Consumer Protection and Education Division of the Kentucky Department of Insurance at 800-595-6053.
4. A service fee of \$20.00 will be assessed for each returned check.
5. Past due accounts may be subject to attorney's fees and any other legal costs incurred as a result of our attempt to collect the debt. In addition, failure to remit payment on a past due account may result in termination of the physician/patient relationship.

### What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

*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 copayments and deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Kentucky Orthopaedic & Hand Surgeons. I authorize Kentucky Orthopaedic & Hand Surgeons to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.*

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Date

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Signature

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Printed Name

## Office Visits and Office Services

If You Have...	You Are Responsible For...	Our Staff Will...
<b>Commercial Insurance</b> Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits, x-ray, injection, and other charges after your carrier has paid.	File an insurance claim as a courtesy to you.
<b>HMO &amp; PPO plans with which we have a contract</b>	<u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are requested at the time of the office visit.	File an insurance claim on your behalf.
<b>Auto Insurance and Liability</b>	If your injuries are the result of an accident, please bring the address, phone number and claim number necessary to file our claims. If you have regular health insurance, bring that information, too. Please understand that while we work with you to the best of our ability, You are ultimately responsible for any charges not paid by settlement or claim reimbursement. If you have no regular health insurance, we require a down payment of <b>\$150.00</b> prior to being seen. This will be refunded when we receive payment in full from settlement or claim. If there is litigation in the past 90 days and there are no insurance benefits, charges are due and payable by you immediately.	File an insurance claim as a courtesy to you.
<b>Medicare</b>	If you have Regular Medicare, and have not met your \$135 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
<b>Medicare HMO</b>	All applicable copays and deductibles at the time of the office visit.	File the claim on your behalf, as well as any claims to your secondary insurance.
<b>Worker's Compensation</b>	Patient with Worker's Compensation must bring a Form 113, supplied by the employer and mandatory under Kentucky Law. If you do not have a Form 113 and claim information or if authorization for the visit cannot be confirmed, and you do not have private insurance, we require a down payment of <b>\$150.00</b> before you can be seen or it will be necessary to reschedule your appointment. <u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit.	Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures.
<b>Worker's Compensation (Out of State)</b>	If you do not have Personal Insurance you will be required to pay <b>\$150.00</b> at the time of service unless prior arrangements are made in advance. You will be asked to speak with an account representative and sign a payment agreement upon arrival.	Provide you a receipt so you can file the claim with your carrier.
<b>No Insurance – Self Pay</b>	Payment in full at the time of service.	Work with you to settle your account. Please ask to speak with our staff if you need assistance