

Kentucky Orthopaedic & Hand Surgeons, PSC

Financial Policy

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 Billing Supervisor.

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, including those listed below. 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.

| | | |
|-------------------------|-------------------------------|----------------------------|
| Medicare | Anthem Blue Cross/Blue Shield | Essence Medicare Advantage |
| Aetna | United | Healthstar |
| Bluegrass Family Health | CHA | PHCS |
| Cumberland Healthcare | Humana and Humana Gold | Cigna |
| Sagamore PPO/Ambassador | Medicaid | Worker's Compensation |

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors. Outlined information regarding your responsibility can be found on the back of this page.

Surgery

If your physician recommends surgery, you will need to speak to a Surgery Coordinator. They may request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the Surgery Coordinator. They will also answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

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, PSC.

I authorize Kentucky Orthopaedic & Hand Surgeons, PSC to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Date

Signature

Printed Name

Office Visits and Office Services

| If You Have... | You Are Responsible For... | Our Staff Will... |
|---|--|--|
| Commercial Insurance 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. |
| HMO & PPO plans with which we have a contract | <p><u>If the services you receive are covered by the plan:</u> All applicable copays and deductibles are required at the time of the office visit.</p> <p><u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the visit.</p> | <p>Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.</p> <p>File an insurance claim on your behalf.</p> |
| Auto Insurance | If you do not have Personal Insurance you will be required to pay a \$150.00 deposit as well as supply your Auto carrier information, claim number, claim address and phone number and adjusters name. Note: We do not get involved in Litigation claims. | File an insurance claim as a courtesy to you. |
| Point of Service Plan or Out Of Network PPO | Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit. | <p>Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services.</p> <p>File an insurance claim on your behalf.</p> |
| Medicare | <p>If you have Regular Medicare, and have not met your deductible, we ask that it be paid at the time of service.</p> <p>Any services not covered by Medicare are requested at the time of the visit.</p> <p><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.</p> <p><u>If you have Regular Medicare as primary, but no secondary insurance:</u> Payment of your 20% copay is requested at the time of the visit.</p> | File the claim on your behalf, as well as any claims to your secondary insurance. |
| Medicare HMO or Advantage | 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. |
| Worker's Compensation | <p><u>If we have verified the claim with your carrier</u> No payment is necessary at the time of the visit.</p> <p><u>If we are not able to verify your claim</u> Payment in full is requested at the time of the visit.</p> | Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures. |
| Worker's Compensation (Out of State) | Payment in full is requested at the time of the visit. | Provide you a receipt so you can file the claim with your carrier. |
| Liability Insurance | If you do not have Personal Insurance you will be required to pay a \$150.00 deposit as well as supply your Auto carrier information, claim number, claim address and phone number. Payment in full is requested at the time of the visit. Note: We do not get involved in Litigation. | File an insurance claim as a courtesy to you. |
| No Insurance –self pay | Payment in full at the time of the visit. | Work with you to settle your account. Please ask to speak with our staff if you need assistance. |

