

Paragon Orthopedic Center Financial Policy

_____ **Self-Pay Accounts:** Self-pay accounts are patients without insurance coverage or patients who are covered by an insurance that our office does not participate with. For these accounts, payment is required at the time of service.

_____ **Participating Insurance coverage/Co-Pays/Co-Insurance/Deductibles:** It is your responsibility to provide us with information regarding the insurance we will be billing. Insurance coverage is a contract between you and your insurance carrier. You should try to have a good understanding of what your insurance will and will not pay for your services. You will be asked to verify insurance information at each appointment, and we will keep a current copy of your insurance card on file. *All co-pays are due prior to being seen by the provider. I understand and agree that I am personally responsible for any balance on my account regardless of insurance coverage and/or litigation that may be pending.*

_____ **Referrals:** If your insurance had designated a primary care physician (PCP) for you, you may be required to have prior authorization from your PCP before you can be seen here. If the authorization is not provided, you may be asked to reschedule your appointment, pay for your visit at the time of service, and/or sign a waiver accepting financial responsibility.

_____ **Surgery Cancellations/Reschedules:** If a patient is scheduled for surgery with one of our physicians and it needs to be cancelled/rescheduled, please allow at least 2 weeks notice. *Our office will charge a fee of \$150 for each surgery cancelled or rescheduled for non-medical reasons without at least 2 weeks notice.* This charge is not billed to your insurance and is the responsibility of the patient.

_____ **Extended payment arrangements:** After insurance has processed, all balances are due within 30 days. We understand that sometimes your healthcare needs will be unplanned or unexpected and you may need extended payment options. If this is the case, please ask to speak with a patient account representative to work out extended payment arrangements. ***All accounts without a specific, pre-arranged payment agreement are due within 30 days.*** In all cases, balances beyond 60 days old will be subject to a finance charge equal to 18% APR.

_____ **Past Due Accounts:** Patients who fail to make monthly payments, fail to pay their balance within 30 day, and/or fail to keep their scheduled payments arrangement may be sent to a collection agency and/or terminated from the practice. Please contact our billing office if you are having trouble keeping your account current.

If you have any questions or need clarification on any of the above policies, please feel free to contact our billing office at 244-2153.

Patient Name: _____ Date: ___/___/___

Patient (Parent/Guardian) Signature: _____