

# INLAND ORTHOPAEDIC SURGERY & SPORTS MEDICINE CLINIC

## FINANCIAL POLICIES

### Co-payments and Deductibles

Your insurance requires that you pay your co-pay at the time of service. If we are contracted with your insurance carrier, we will bill your insurance. If you do not pay your co-pay at the time of service, you may be subject to a \$10 processing fee.

The reasoning behind collection of co-pays at the time of service: In order to reduce paperwork, insurance companies created the concept of co-pays. They shared the cost savings with their clients; in other words, you the patient pay lower premiums because of co-pays. Physicians also agreed to lower the amount they would accept as payment in full from the insurance companies because they were promised that they would save the cost of sending statements for the co-pays. Please do not ask our receptionist to "bill you".

### Non-Contracted Insurance Carriers (Other than 3<sup>rd</sup> party)

As a courtesy to all our patients, we will bill an insurance with which we are not contracted with but you, the patient, are ultimately responsible for payment. If we are not contracted with an insurance company, we expect the patient's portion of our fee, co-pay or deductible at the time of service. If your insurance has not paid for the services rendered within 30 days, you will receive a statement and be expected to pay the balance on receipt. If we later receive payment from your insurance company, we will refund any overpayment to you.

### Workers Compensation Claims

If you are seeing one of our providers for an injury that occurred during the course of your employment, please be sure to notify the receptionist that your injury is "work-related". You must have a referral from your primary care provider and must have a valid open claim. If your employer or their insurance carrier denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf.

### **Civil Suits, Auto, Home or Business Owners Claims (3<sup>rd</sup> party)**

If you are involved in an accident or other suit and are seeking payment from the responsible party, we expect payment at the time of service from you. **We do not bill the responsible party's insurance or attorney for your services** due to the time it takes to settle these claims. Please do not request that we bill your regular health insurance in these cases, as the claims will be denied.

### **Foreign Country Policies**

If you are enrolled in a policy in a foreign country, we expect payment at the time of service from you. **We do not bill foreign country policies directly.** It is up to the patient to submit their claims to their insurance and seek reimbursement from them directly. The exception is if your foreign policy has a U.S. claims address, if they do we will bill them directly.

### **Patients without insurance coverage**

Minimum payment of \$75.00 is required at time of service is required. Your remaining balance **must be paid within 30 days.** We offer a 10% discount to patients who pay for their services in full at the time of their visit. We accept cash or check as payment options.

If you have any questions or need to establish special financial arrangements, please contact our Patient Accounts Representatives at  
208-892-9308