

DECATUR ORTHOPAEDIC CLINIC
FINANCIAL POLICY

Decatur Orthopaedic Clinic (DOC) is committed to providing high quality medical care to all of our patients. Insurance coverage and payment responsibility issues can be complex and confusing. To avoid any misunderstandings DOC has established the following financial policies.

Insurance Participation

DOC participates with Medicare, Medicaid, Blue Cross Blue Shield of Alabama, United Healthcare, Premier/Namci, Aetna and Private Healthcare Systems (PHCS). DOC is required by our contract with your insurer to collect co-payments and deductibles for services at the time they are rendered. DOC accepts cash, personal checks, debit cards, and all major credit cards.

Authorizations and Referrals

If your insurance policy requires an authorization or referral from your primary care physician it is your responsibility to ensure this has been completed.

Self Pay

If you have no insurance coverage or proof of a valid insurance card, DOC will require a deposit of \$250.00 prior to treatment of non-emergency services. For emergency services charges, a DOC patient account representative will establish a monthly payment plan for you. Monthly payments must be paid to avoid referral to a collection agency.

Worker's Compensation

DOC will verify coverage of work related claims prior to treatment. Please provide the contact name and phone number of your employer or claim carrier. If the claim is disputed by the employer or is not paid within 60 days, you will be financially responsible for payment to DOC.

Litigation, Liability and Auto Insurance

DOC does not file to third party liability insurance, or wait on settlements from litigation to pay for services rendered. DOC expects payment from you at time of service. DOC will provide an itemized statement of charges for you to present for reimbursement from the third party.

Surgical Procedures

DOC will collect deductibles or co-pays on non-emergency or elective surgical services prior to the date of admission. If you have no insurance coverage a deposit equal to 50% of the physician's charge must be paid prior to the date of surgery.

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 and deductibles are my responsibility. I understand that it is my responsibility to contact my insurance carrier(s) if they do not respond to payment requests on my behalf.

Signature of Responsible Party (Guarantor if patient is a minor)

Date
(Rev 7.08)