

Knox Orthopaedics prides itself on one-on-one, personalized patient care. To keep our commitment to excellent service, we ask that you review our policies. ***Kindly sign and date to confirm you understand and will follow our practice's policies.***

FINANCIAL POLICY

We appreciate your business and we want to thank you for being responsible in managing the financial element of your care. If you have any questions based on the information below, please discuss them with our staff before you see our doctors.

Our doctors are contracted with many Preferred Provider Organization (PPO) health insurance plans. We accept patients who are "In Network" and "Out of Network". Note: Even if your health plan indicates that you have "out of network" benefits, please consult our staff so we can verify your authorized benefits. We welcome most insurance plans and accept assignment with insurance companies we are contracted with, such as Medicare and BCBS. We will also be happy to discuss financial options with our self-pay patients.

- We accept cash, checks, Visa, Mastercard and Discover
- The adult accompanying a minor is responsible for payment of all services rendered to minor patients.
- Please update our staff with change of address and/or telephone number anytime a change occurs.

If you have a health plan that we accept, please:

- Present your health plan card and proof of identity (e.g. driver's license) at each visit.
- Update our staff with a change of insurance **anytime** a change occurs.
- Expect that we will bill your health plan IF YOU ARE covered by a plan we accept. Be prepared to pay the co-payment or co-insurance at the time of each visit. When we contract with insurance companies, these agreements state we can't charge you (the patient) other than co-pays, deductibles and items deemed by the carrier as billable charges to the patient. If your insurance pays more than estimated, we will refund any overpayment you have made.
- A prepayment of your deductible and co-insurance will be required for your portion of our fees, based on our contracted allowable rate, for scheduled surgical procedures. This is only an estimate and only covers the services provided by our office and our physicians. You will want to contact the surgery facility to discuss your responsibilities for their services. Any balance remaining, after your health insurer pays, is your responsibility. Payment is due upon receipt of a statement from our office.
- Respond promptly to your insurance company to provide any information that it may request regarding your treatment, pre-existing condition, accidents or other insurance coverage. Failure to respond in a timely manner may result in your account becoming overdue and payable, in full, immediately.
- Be aware that all health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. We recommend you **READ YOUR INSURANCE BOOKLET** or a copy of the contract your policy falls under to determine your benefits.
- **Out of Network:** We will bill your insurance company. Insurance companies typically pay "out of network" fees directly to the insured. If your insurance company pays our office directly and the total amount paid (out of pocket + insurance payment) is more than the amount billed, you will receive a refund.
- **Global Fee:** When you are charged a "global" fee for surgery or office care of a fracture, laceration, etc., the fee not only includes the service on the day it is performed, but includes routine follow-up care as well. The global period ranges from 0-90 days depending on the procedure and your health plan. X-Rays, supplies and casting (such as casting and dressing materials, splints, braces, etc) are not included in the global fee and a charge will be made for these items. Services related to complications are not included in the global fee.

FINANCIAL POLICY (continued)

Fracture Care (Broken Bones):

- Health plans have created a series of numeric codes to be used by doctors when treating patients. Insurance companies mandate that your doctor use these codes. There are special codes for patients with fractures.
- If you are being treated for a fracture, you may encounter these “codes” on your Explanation of Benefits statement (EOB). They may often times be referred to as “Office Surgery”, “Office Procedure” or simply “Surgery”. Many patients are alarmed when they see “surgery” on their bill, when they know that they have not had surgery. This is simply how your insurance company has elected to process and label insurance claims.
- Fracture care codes have a 90-day global period. A 90-day global period is a period of 90-days after a procedure (surgery or initial visit for fracture care) which entitles you to 90-days of follow up care. This means that your physician is paid only the first time they see you for your fracture (broken bone). This fee covers your care for the next 90-days. Moreover, this fee does NOT cover any repeat X-rays, supplies (braces, casts), or new complaints or problems. These are billed separately.
- Often times your physician will examine you, interpret your X-rays, consider different treatment plans, and determine which is best for you. This may involve manipulation of the fracture (bone setting) with possible splinting or casting, and careful continued observation. Whatever the treatment rendered, the fracture care code will cover the costs of all your follow up visits for 90-days (excluding repeat X-rays and casts/splints).



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OFFICE POLICIES

I have read and understand the attached Financial Policy and I agree to abide by its terms.

Signature of Patient or Responsible Party: _____ Date: _____

ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my insurance carrier, including Medicare, to pay directly to my physician and Knox Orthopaedics, for services rendered for me. I hereby authorize my physician to release information from my medical records necessary to bill my insurance carrier for these services. A photocopy of my signature on this form is to be considered as valid as the original.

Patient or Insured Name (print): _____

Signature of Patient or Responsible Party: _____ Date: _____

NARCOTIC (PAIN) PRESCRIPTION POLICY

Our physicians prescribe Narcotic Medications only in cases of acute injury and after surgery for a period of no more than 6 weeks. If you require long term pain control, you will be referred to your primary care physician or to a pain management specialist.

Our office requires 48 hours to process narcotic prescription refills. Do not wait until you are out of medication to contact our office for a refill. Narcotic prescription refills will not be filled prior to their due date (early). Effective October 6, 2014, narcotic prescriptions must be on tamper proof paper with original physician signatures. This means that the prescriptions cannot be called in to a pharmacy and cannot be faxed to a pharmacy. The prescription must be picked up at our clinic. Depending on the medication prescribed, an office visit may be required prior to a prescription being issued.

Prescriptions will only be processed between 8:30 AM-4:30 PM, Monday through Thursday.

You or one (1) other designated individual must pick up the prescription at our clinic and sign for the prescription. Narcotic prescriptions will not be mailed.

I have read and I understand the above Narcotic (Pain) Prescription Policy and I agree to abide by its terms.

Patient Name (print): _____

Designated Person who may pick up prescription on patient's behalf (id required):

Signature of Patient or Responsible Party: _____ Date: _____