

## FINANCIAL POLICY

Our practice is committed to providing the best treatment and care possible for our patients.

### **Disclaimer**

Welcome to our office and thank you for choosing Great Lakes Orthopedics & Sports Medicine, P.C. as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment. Although we make every effort to obtain accurate information from your insurance carrier, verification of benefits is not a guarantee that an insurance carrier will pay a medical claim. The insurance carrier makes the final determination based upon the specific plan negotiated by the Insured or Insured's employer. Consequently, the patient or guarantor remains ultimately responsible for the charges incurred during each visit. Additionally patients are responsible for providing correct and factual information regarding their injury, the event related to the injury and the date of occurrence.

Initials\_\_\_\_\_

### **Patient Responsibilities**

It is the responsibility of the patient to call and cancel scheduled appointments 24 hours prior to the appointment. If appointments are not cancelled at least 24 hours prior to the scheduled appointment, Great Lakes Orthopedics & Sports Medicine, P.C. reserves the right to charge for the no-show. We require a copy of your current insurance card. Without a copy of your insurance card, your account will be considered a 'self-pay' account and subject to the rules identified below. You, the patient or guarantor, are responsible for knowing the requirements of your insurance plan including which laboratories, radiology, imaging sites and hospitals are authorized for treatment. Our staff will offer assistance, but we are not responsible for knowing or interpreting the benefits of your policy.

Initials \_\_\_\_\_

You may need to have an authorization or a referral completed by your Primary Care Physician (PCP) prior to seeing our physicians or receiving Physical Therapy, (particularly if your plan is an HMO, POS or EPO). If we have not received the authorization or referral prior to your arrival, your visit will be rescheduled. If your insurance policy requires a copayment, you must pay your copay at the time of service. We reserve the right to reschedule your appointment until your copay obligations are met. You are responsible for the payment for all services rendered by Great Lakes Orthopedics & Sports Medicine, P.C., even if your insurance carrier determines that a service is 'not covered'. We try to inform patients when services may not be covered; however, it is the patient's responsibility to understand his/her policy and its' limitations.

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**Patients who are minors** (less than 18 years of age): must have a parent or legal guardian accompany them on every visit. The accompanying adult is responsible for payment of the account. The responsibility for payment of services rendered to minor children whose parents are divorced rests solely with the parent seeking treatment for the child, regardless of judgments defined by your divorce decree. For unaccompanied minors, non-emergency treatment will be denied. A minor, anyone under the age of 18 years and non-emancipated, must be accompanied by an adult 18 years or older to authorize treatment prior to receiving health care services. ( IC 16-18-2-5. P. L. 1993, Sec. 1.)

Initials\_\_\_\_\_

**Work place injuries:** The patient is responsible for notifying Great Lakes Orthopedics & Sports Medicine, P.C. prior to your appointment if an injury occurred at work. Our worker's compensation coordinator will secure the proper authorization for treatment, insurer information, claim number, date of injury, employer, and adjuster and/or attorney information. Your visit with our practice must be authorized before you are seen. Providing correct and necessary information to our coordinator while setting up your appointment will accelerate the process.

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**Auto Policy**

Great Lakes Orthopedics & Sports Medicine, P.C. will submit claims to an accident insurance carrier (auto or personal liability) on behalf of a patient, however, the patient remains liable for the full amount charged for all services rendered by Great Lakes Orthopedics & Sports Medicine, P.C. and it is the patient’s responsibility to ensure all claims are paid in a timely manner, whether by his/her insurance carrier or him/her individually. We do not make payment arrangements or bill an insurance company suggested by your attorney. Our relationship is only with you, the patient.

If you are involved in an automobile accident and have filed a claim, you must provide us with the claim number and billing information for us to file a claim for you. If you DO NOT have a claim number, we will bill your private health insurance, if applicable, or you will be treated as a self- pay account. Please remember that you, as the individual receiving medical treatment, are ultimately responsible for ensuring all services rendered by Great Lakes Orthopedics & Sports Medicine, P.C. are paid in full, even if you were not responsible for causing the accident. Initials\_\_\_\_\_

**Self –Pay Accounts**

Self-Pay accounts shall exist in the following instances:

- A patient has no insurance coverage
- There is no insurance card on file
- Services provided are not covered by insurance

Payment for self-pay accounts is required at the time of service. We offer to our patients a program called Care Credit which allows you to pay in installments to a credit card company, if you do not qualify for Care Credit you may be eligible to pay through our practice monitored payment plan. Our billing staff can assist you with these arrangements Initials\_\_\_\_\_

Any changes in coverage must be reported to our office immediately for proper processing. As a courtesy to our patients, Great Lakes Orthopedics & Sports Medicine, P.C. will take ‘assignment’ for billing and collecting from our participating (in network) and non-participating (out of network) health plans. Any outstanding balances from these plans are the responsibility of the patient.

Initials\_\_\_\_\_

**Credits:** GLO will issue a refund only if there are no outstanding insurance or patient balances and no future appointments scheduled.

I have read the Financial Policy. I understand that I am responsible for all charges not paid by my insurance company. An account is considered past due 45 days after the balance becomes the patient’s responsibility unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to our collection agency. In the event that an account is forwarded to our collection agency, I understand I will also be responsible for any costs of collection services, including reasonable attorney fees. Initials\_\_\_\_\_

We accept payment by cash, money order, cashier check, personal check, or an accepted credit card (Discover, MasterCard, VISA and American Express). There will be a \$35.00 surcharge for all checks returned for nonsufficient funds, which shall be paid to Great Lakes Orthopedics & Sports Medicine, P.C. by either cash or accepted credit cards. Initials\_\_\_\_\_

For your convenience, our billing office is available Monday through Thursday 8am to 4:30pm, and Friday 8am to 3pm.  
The phone number is 219-365-0220. Our knowledgeable staff will be happy to address any questions or concerns you may have regarding your account.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_