

Patient Partnership & Financial Policy

(Version 1.3)

To Our Patients:

We are pleased you have chosen Orthopedic Associates of Northern California to provide your medical services. We are committed to providing you with the best possible medical care to meet your needs. Our practice firmly believes that to achieve our mission we must maintain a high level of understanding and good communication with our patients throughout the course of treatment. Just as we would communicate with you your treatment plan and importance to be compliant to ensure the best outcome, similarly we pride ourselves on communicating with you any anticipated out of pocket costs to create a better understanding and level of expectation. Our Patient Financial Partnership policy is designed to be completely transparent and together alleviate any surprises during your road to recovery and good health.

The following information is provided to clarify our policies concerning payment for professional services:

1. **Time of Collection:** Our front desk staff and/or kiosk system will be asking for copayments, out-of-pocket deductible or co-insurance, self-pay deposits, and outstanding balance payments when you check in for your appointment. Deductible and out-of-pocket costs will have been determined prior to your arrival by contacting your insurance company for these amounts and applying them to the estimated costs of your procedures & treatment. We accept many forms of payment, including cash, check, money orders, Visa, MasterCard, Discover, American Express, as well as Care Credit.
2. **Account Balances:** Financial estimates are not always exact; account balances reflect the final service(s) rendered and insurance benefits allowed under your plan. Unless other arrangements have been made, the following payment plans will be automatically set up. Account balances ranging from-
 - \$10-\$75 will be default to a Net 30-day payment plan
 - >\$75-\$200 will default to a Net 60-day payment plan
 - >\$200-\$350 will default to Net 90-day payment plan
 - Balances over \$350 will default to a Net 120-day payment planExtended plans will be considered on a case by case basis and must be secured with an ATM/Credit Card contract for the monthly payments. The automated payment date for the recurring payment will be a date in the month that best works for you.
3. **Care Credit Financing Option:** Our office proudly provides Care Credit as a way to finance your balance with interest rates as low as zero percent depending on the terms chosen.
4. **Uninsured or non-covered services:** Uninsured patients will be directed to the business office prior to scheduling services for financial counseling. A deposit towards treatment of \$450.00 (minimum) is required at the time of your appointment.
5. **Patient Credits:** Credits are refunded after treatment by any provider in the practice has been completed and all claims have been finalized by your insurance.
6. **Missed Appointments:** All appointments that are missed or not cancelled within 24 hours are subject to a no-show fee. This applies to same day cancelations. The fee for office visits is \$75 and \$100 for MRI appointments. Reminder calls are provided 48 hours in advance to help you meet the 24 hour window. Notifying us timely helps us- to help you- remain compliant with treatment and get you rescheduled ASAP to help ensure a great outcome. It also helps us to help other patients that need that appointment time to also ensure their best outcome.



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If you are consistently unable or unwilling to meet these new guidelines there is a possibility we may need to reschedule any future appointments or services until a time when you are able to do so. Additionally, any open account balance that reaches 90 days+ could be automatically transferred to our 3rd party collection partner. Please note a situation of this type would be considered on a case-by-case basis.

It is also *extremely important* that we be notified, *as soon as possible*, of any changes in your insurance status, or to your insurance carrier. This would include eligibility changes, becoming newly insured or uninsured, or acquiring additional, or new secondary coverage. Failure to do so will result in a direct balance billing to you under the direction of this policy since we will not be able to bill your insurance without this information.

Orthopedic Associates of Northern California understands that you may be facing stressful life events while you are acquiring our services. Our account specialist are here to help counsel our patients on our policies, and any insurance questions that arise. We hope to help you as much as possible through this process, and be an advocate for you as you navigate through the financial portion of your medical care.

If you have any questions about these policy changes we are happy to help you. Please contact your account specialist at (530) 897-4500 option 5 or (530)-897-4545.

Cordially,

Orthopedic Associates of Northern California

In order to properly bill your insurance, please provide the following information:

Subscriber's full name _____
Subscriber's Social Security Number ____-____-_____
Subscriber's Date of Birth ____/____/_____
Patient's full name _____
Patient's Date of Birth ____-____-_____
Patient's Social Security Number (if adult) ____-____-_____

By signing below, you certify that you have received, read, and understand Orthopedic Associates Patient Financial Partnership Policy. Version 1.3

Patient Signature **or**
Guardians Signature
(if patient under the age of 18)

Relationship Name of Patient
(please print)

DATE