

Payment Policy

Thank you for choosing us as your health care provider. We are committed to providing you with a successful course of treatment. The following is a statement of our Payment Policy, which we ask you to read and sign prior to any treatment.

Payment, according to the policies below, is due at the time of service. We accept cash, checks, or Visa/MasterCard.

Forms

All patients must complete the Patient Registration form and provide complete insurance information **before** seeing the doctor. We can bill your insurance plan(s) only if you give us complete information, and a signed, dated claim form (if required by your plan). **If you cannot supply us with sufficient insurance information, we will consider the entire bill to be the patient's responsibility, and full payment will be due at the time of service (see Patients Without Insurance section below).**

Patients with Insurance

All co-payments, deductibles, coinsurance, and charges for non-covered services are due at the time of service.

You will be required to sign an Authorization to Pay Benefits form, allowing payment to be made directly to our office, and we will file insurance claims on your behalf. If your insurance plan has not paid your account in full within **60 days**, the balance will become your responsibility, as your insurance policy is a contract between you/your employer and the insurance company. We are not a party to that contract. Please be aware that some and perhaps all of the services provided may be considered non-covered or not reasonable and customary charges under your medical plan, and may become your responsibility. Please read carefully your Evidence of Coverage booklet that you receive from your insurance company, as to what types of services are not covered under your policy. If you have an HMO policy that requires the use of referrals, you must present to the office with referral in hand. It is the patient's responsibility to obtain a referral from your primary care physician. **If you choose to be seen without a referral, a waiver will be signed and all fees are due at the time of service.**

If you prefer, you may notify our staff that you prefer to file your own insurance claim, in which case we will require **full payment of all charges at the time of service** and will provide you with an itemized receipt to submit to your insurance plan.

Patients without Insurance

Payment in full is due at the time of each service. If you are unable to pay the entire balance at the time of service, you will be required to pay a \$100.00 deposit and sign a Promissory Note making arrangements for a payment plan. The \$100.00 deposit does not cover the office visit for that day; it only covers a portion of the charges.

Work-related/Auto Accident Injuries

You will be required to fill out all forms necessary to allow us to file Workers Compensation/PIP claims on your behalf. In addition, you must provide your health insurance information as a backup. If you do not have health insurance or choose not to provide that information, you will be subject to the same payment policy as patients without insurance (see previous paragraph).

If you do not provide workers comp or PIP information initially, but later inform us the problem is related to workers comp or an auto accident, we will be required to re-file your claims. **If this occurs, you agree to a \$150.00 fee, to be paid by you, not your insurance company, due and payable immediately.**

Minor Patients (dependent children under age 18)

The adult accompanying a minor and or the parents (or guardians) of the minor are responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card or payment plan, or payment by cash or check at the time of service has been verified.

Missed Appointments

Unless canceled at least 1 business day in advance, there will be a charge, which differs depending on the type of visit that is missed. Missed appointment charges are as follows:

1. Initial visits for Orthopaedics, Pediatric Orthopaedics, foot and ankle, and PM&R: \$35.00
2. Initial visits for Rheumatology doctors: \$50.00
3. Return or follow up visits for all providers: \$35.00
4. Nerve Conduction Study tests and Epidural Injections: \$50.00
5. Physical or Occupational therapy: \$35.00

Please help us serve you better by keeping all scheduled appointments.

Interest and Finance Charges

We reserve the right to charge interest on patient balances unpaid after 30 days at the rate currently allowed under Maryland law. **Further, if your bill is over ninety (90) days old, we will impose a finance charge of fifteen dollars (\$15). We will continue to impose \$15 monthly fees until your account is paid in full to offset the excessive monthly costs of continuing to send notice of overdue bills.** If you are on a payment plan, and meet your monthly payment obligation, no finance fee will be assessed.

Default

Regardless of insurance coverage, if after default, your account is placed in the hands of an attorney or collection agency for collection, the undersigned agrees to pay a service charge of 25% of the unpaid balance and all attorney and/or collection fees, together with all additional costs and expenses of collection to the present extent of the law.

Returned Check Fees

If your check is returned to our office due to insufficient funds, a fee of \$30.00 will be assessed as well as a \$25.00 servicing fee, plus the amount of the check. Payment will then need to be made in the form of cash, credit card, or money order for all future visits.

Thank you for taking the time to read and understand our Payment Policy. Please let us know if you have any questions before signing below. Your signature indicates that you have read this policy and understand and agree to its terms.

I hereby state that I have read, understand, and agree to the terms on this policy.

Print Patient Name

Signature of patient or responsible party

Date