

ADVANCED BONE & JOINT

PATIENT FINANCIAL POLICY and Notice of Privacy Practices Acknowledgement

Thank you for choosing Advanced Bone & Joint for your orthopedic care. Our doctors and staff are committed to providing quality, affordable medical care without regard to financial status within a "value-for-value" framework.

We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact our Patient Accounts Specialist (636-229-4241).

Self-Pay Accounts

We designate accounts **Self-Pay** under the following circumstances: (1) patient is covered by an insurance plan in which our providers do not participate, (2) patient does not have a current or valid insurance card on file, (3) patient does not have a valid insurance referral on file, or (4) patient does not have health insurance coverage. We offer a 60% discount for services rendered for self-pay patients. Durable Medical Equipment has special self-pay pricing.

Payment is Due At the Time of Service

- ❖ We accept cash, checks, debit, and credit cards (except American Express).
- ❖ All co-payments and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment. If you arrive without your co-payment, we may ask you to reschedule.
- ❖ Patient-responsible balances are due when you check in for your appointment.
- ❖ In the event surgery is required, and you do not have health insurance coverage, we must receive down payment of no less than 50% of the estimated doctor's fees before we will schedule the surgery.

Proof of Insurance

- ❖ Please bring your insurance card(s) with you to each appointment.
- ❖ It is your responsibility to inform the reception staff when the treatment may be the responsibility of a third party - auto insurance, liability insurance company, worker's compensation – instead of your regular health insurance carrier.
- ❖ We do not bill benefit-assigned claims to third parties. The patient is ultimately responsible for payment for all charges incurred.
- ❖ It is your responsibility to notify the practice of changes in your health insurance.
- ❖ It is your responsibility to ensure we are "In Network" with your health insurance plan.

Referrals

- ❖ If your insurance plan has a designated primary care physician (PCP) and you are required to obtain a written referral from that doctor, you must provide the office with that referral at the time of check-in. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Our Responsibility to Report Non-Compliance

- ❖ It is our obligation under many of the insurance contracts to report patients who: repeatedly refuse to pay co-payments/deductibles at time of service, or who repeatedly "no show" for appointments.

Electronic Communication

- ❖ We may contact you via phone, text, or e-mail to discuss your medical needs, appointment reminders, and/or account status. These may be automated. *Text message charges will apply*



Financial Assistance

- ❖ If you are in need of a payment plan after your insurance has processed your claim(s), please see acceptable terms. If terms are not followed your account may be subjected to Collection Activity with a 25% Collection Agency Fee in addition to your outstanding balance.

Balance	Minimum Monthly Payment	Term
Under \$100.00	Payment in full	Within 30 days
\$101-\$500	1/3 of original balance	90 days
\$501-\$1,000	1/4 of original balance	120 days
\$1,000 and greater	1/6 of the original balance	6 months

Divorce and Child Custody Cases

- ❖ In cases of divorce, the individual who seeks treatment of a minor child is responsible for payment of co-payments, coinsurance, deductibles, and nonparticipating insurance balances at the time of service. We will not bill a divorced spouse for the patient’s services. The practice does not honor divorce specifics (e.g., percentage of financial responsibility).
- ❖ If the child has coverage with a participating insurance plan and the proper insurance identification is present at the time of service, the practice will bill that insurance company.

Billing, Payments and Refunds

- ❖ All balances are due in full within 14 days of the statement date. Any unpaid balances will be subjected to a 25% Collection fee, if the account remains unpaid for 90 days after the first statement has been issued.
- ❖ It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- ❖ If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same guarantor or financial responsible party.
- ❖ We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.
- ❖ Insufficiently funded checks will result in a \$25.00 fee to patient.

Notice of Privacy Practices Acknowledgement

I acknowledge that this is a summary of Advanced Bone & Joint’s Notice of Privacy Practices and consent to the use or disclosure of my protected health information by Advanced Bone & Joint for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, to conduct health care operations of Advanced Bone & Joint, and as required by law.

I also understand I may obtain a full version of the notice at any time, at my request. I understand my rights as a patient of this practice concerning my Protected Health Information (PHI), as it is outlined in this notice. I am aware Advanced Bone & Joint reserves the right to change the privacy practices that are described in this Notice of Privacy Practices by contacting the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

«PatientFirstName»

Name of Patient or Personal Representative

X

Signature of Patient or Personal Representative

«CurrentDate» «CurrentTime»

«PatientDOB»

Date

DOB



Nondiscrimination Policy

As a recipient of Federal financial assistance and in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, *(and state laws or corporate policies, etc.)*.

Advanced Bone and Joint does not exclude, deny benefits to, or otherwise discriminate against any person on the basis or based on race, color, national origin, disability, age, sex, sexual orientation, gender identity, religion, or creed.

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, Advanced Bone and Joint does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of sex (including gender identity) pertaining to, participation in, or receipt of the services and benefits under any of its health programs and activities, including staff and employee assignments, whether carried out by Advanced Bone and Joint directly or through a contractor or any other entity with which Advanced Bone and Joint arranges to carry out its programs and activities.

In case of questions, please contact:

Therese Ferguson/Compliance Coordinator:

Telephone number: 636-441-3444

Patient Signature:

✕ _____

Date: «CurrentDate» MRN: «PatientChartNumber»

PH: 636.441.3444 • FX: 636.441.9832 • ABJDOCS.COM
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