



TRI STATE ORTHOPEDIC
OFFICE AND FINANCIAL POLICY

Thank you for choosing our practice. We are committed to providing the best possible orthopedic care for you. We ask that you carefully read the following Office and Financial Policy. After you have read and understood the policies please sign below.

Consent for Treatment: I consent to treatment, diagnostic, and/or therapeutic services as ordered and/or provided by the physicians and ancillary providers of Tri State Orthopedic Institute.

Insurance/Billing: Your insurance policy is a contract between you and your insurance company. It is your responsibility to provide all accurate and current information regarding insurance(s) and be aware of the benefits and coverage of the insurance plan(s). It is your responsibility to know your benefits and how they would apply to your treatment. We will bill your insurance for services that we provide; however, any allowable balance that is not paid by your insurance company will be the responsibility of you (or the guarantor listed on your insurance policy). If our office does not participate with your insurance, it will be your responsibility to file your insurance claims directly with your insurance. If you fail to notify us of an insurance change or your primary or secondary insurance information, you are fully responsible for any amount not paid by your insurance company. If you neglect to disclose an insurance that you are enrolled in, we have the right to refuse future service and you may be responsible for all charges. Please note that we do **NOT** accept Worker's Compensation, third party or attorney payments. Some insurance plans require pre-certification, pre-authorization, or a written referral. It is the patient's responsibility to understand their insurance plan requirements and ensure that the proper authorization is obtained at least 3 days prior to the date of service. Failure to do so may result in denial by the insurance company. We cannot accept responsibility for a disputed claim. Our office will contact your insurance plan to see if pre-certification is required for any surgical treatment. Please note that pre-certification is not a guarantee of payment as per your insurance company. Furthermore, we will only attempt to obtain precertification or pre-authorization for your primary insurance only. For all services provided by our physician(s) in the hospital, we will bill your health plan. Any balance due is your responsibility. All deductibles and co-payments will be collected in full at the time of service. We will require that patients with self-pay balances do pay their account balances to zero (0) prior to receiving further services by our practice. Returned checks are charged a \$25.00 administrative fee. Any account unpaid over 180 days is considered past due. If payment arrangements are not made and adhered to, the account will be turned over to our collection agency, this will be subject to a charge to cover the collector's fee.

Medicare: We are participating providers of the Medicare program. We will accept assignment on all the claims. Patients are responsible for meeting their annual deductible and paying co-payment. We do file with the secondary /supplemental carriers. However, if the supplementary does not pay, patients will be billed the remaining balance. By signing this form, you are requesting that payment of authorized Medicare benefits be made either to you or on your behalf for any services furnished to me by Tri State Orthopedic Institute. You authorize any holder of medical or other information about you to release to Tri State Orthopedic Institute or its agents any information needed to determine these benefits or benefits for related services.

Scheduled Appointments: We understand that delays can happen, however, we must try to keep the other patients and our providers on time. If a patient is 15 minutes past their scheduled time, we will have to reschedule the appointment. Our office charges a \$50 (fifty) fee for no shows or appointments not cancelled more than 24 hours in advance. A new appointment will not be issued until this fee is paid.



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Medication Requests: Please be advised that the providers at Tri Sate Orthopedic do not prescribe any narcotic or benzodiazepine medications for chronic pain (pain lasting longer than 3 months). If you undergo a surgical procedure our providers will prescribe and follow all federal and state regulations regarding pain medication including accessing your dispensed narcotic mediation records with the Arizona PMP service. We will not be permitted to prescribe narcotic pain medication to you if you are in Pain Management and already receiving chronic narcotic pain medication and your daily MME (morphine milli-equivalent) is beyond our prescribing parameters. For non-narcotic medication refills, that were originally prescribed by our office, please have your pharmacy submit a refill request by electronic or fax means.

Administrative Fees: All medical record and X-ray requests are subject to a base \$25 preparation fee, plus shipping and handling fees. Large volume medical records will incur the preparation fee plus \$0.25 cents per page to cover administrative costs. Prior to copying large files our office will provide you with an estimate of fees that must be paid prior to release of records. Please allow up to 14 (fourteen) business/working days to complete any request.

Acknowledgment and Authorization: I have read, understand, and agree to abide by the above Office and Financial Policy of Tri State Orthopedic Institute.

Signature of Patient: _____

Date Signed: _____

Signature of Parent/Guardian/Conservator/Authorized Agent: _____

Date Signed: _____