

FINANCIAL POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR. Our staff will ask you to verify your billing information at each and every visit. Current information is essential in order for us to contact you regarding your treatment and for obtaining timely payment from your insurance company.

FORMS OF PAYMENT: We accept Cash, Checks, Visa, MasterCard, American Express and Discover.

TREATMENT OF MINOR CHILDREN: A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account.

REFERRALS: If your insurance plan requires a referral from a primary care physician it is YOUR responsibility to obtain the referral prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, **you may have to reschedule your appointment.**

SELF-PAY PATIENTS: Payment in full is required at the time of service for patients that do not have insurance coverage or for those patients that do not present their insurance card at time of appointment.

PATIENT RESPONSIBILITY: Patients are required to pay all co-pay and deductible amounts at the time of service. Patients are also responsible for any and all remaining balances due after insurance. ROSM billing staff will make every effort to bill a patient's insurance and will ensure that claims are promptly and correctly processed. Your insurance company may need you to supply certain information directly to them. It is your responsibility to comply in a timely manner with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays your claim.

PAST DUE BALANCES: If you have any outstanding balances and you have been billed more than once without payment, you may be required to reschedule your appointment. A past due balance is any amount owed from a prior visit where insurance is not pending, the account has been sent to collections or an insurance payment has not been received by Rezin Orthopedics and Sports Medicine, S.C. within 60 days. Balances on accounts with payment plans where payments conform to the plan are not considered past due balances.

For accounts turned over to an outside collection agency, it is understood and agreed that the patient will be responsible for a collection fee of 29% of their unpaid balance which is in addition to the unpaid balance being submitted to the collection agency. This fee covers, unless prohibited by law, all reasonable attorney fees, filing fees, court costs, collection agency costs, service fees and other related collection costs or contingencies. It is also understood that by signing this form permission is given to any agents or assignees of said collection agency to contact the patient and/or responsible party at any telephone number listed on the patient registration form.

Prior to scheduling a patient with an account currently in formal collection, patient and/or their responsible party will be reminded of the outstanding collection balance and will not be scheduled until payment in full is received. No personal checks will be accepted. Payment must be made in the form of cash, credit card, debit card or money order. If payment on the collection balance is not made, services will be denied unless the reason for the appointment is deemed emergent by the ROSM physician on call.

PAYMENT PLANS: Patients are encouraged to pay outstanding balances in full; however payment plans may be available.

MEDICARE: Patient will be responsible for their yearly Medicare deductible (if not met) and the 20% coinsurance in those cases where patient does not have a Medicare secondary insurance. The Billing Office, as a courtesy to the customer, will bill insurance secondary to Medicare. If secondary insurance payments are not received within 60 days, the patient will be requested to pay the unpaid coinsurance in full.

IDPA: Patients must present their current Illinois Department of Public Aid medical card upon check-in for each appointment. Payment of any applicable IDPA co-pay must be paid by the patient or their responsible party at each scheduled appointment.

PPO- PLANS (currently contracted with ROSM): When services are covered by the plan, patient will be responsible for any applicable co-pay, deductible, coinsurance and any amounts deemed "patient share" by their carrier. Patients must pay their co-pay at each scheduled appointment. Patients will be responsible for all services excluded from their plan. Payment for services is due at the time services are rendered.



OUT OF NETWORK PLANS: ROSM’s Billing Office will bill non-contracted medical plans as a courtesy to the patient, but patient is ultimately responsible for all charges. It is not ROSM’s policy to accept usual & customary adjustments from non-contracted plans and patient will be balanced billed for balances remaining after their insurance company pays.

SECONDARY & TERTIARY INSURANCES: The Billing Office, as a courtesy to the customer, will bill a patient’s secondary insurance. If secondary insurance payments are not received within 60 days, the patient will be requested to pay the unpaid amount in full. If payment is eventually received from the patient’s secondary insurance, a refund of the portion of the overpayment paid by the patient will be refunded back to the patient. ROSM does not bill tertiary insurance.

WORKERS COMPENSATION: The Work Comp Coordinator will attempt to obtain approval for patients requesting an appointment when injuries are due to a work-related incident prior to scheduling an appointment. If prior approval is not obtained, the patient will be responsible for all charges for services rendered.

THIRD PARTY INSURANCE: ROSM will not accept third party auto, home owners or commercial liability insurance unless your primary insurance is Medicare or IL Public Aid. The patient will be responsible for all charges.

LIENS: ROSM will not accept liens in lieu of payment. If insurance companies cease to pay, any and all out-standing amounts will be balanced billed to the patient and will become their responsibility to pay.

FINANCIAL ARRANGEMENTS FOR SURGERY: If your physician recommends surgery, you will be contacted by a Surgery Scheduling Coordinator to discuss any paperwork, arrange any needed tests prior to surgery and complete all pre-certification/ authorization that may be needed. The Surgery Scheduling Coordinator may also request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount.

FRACTURE CARE: Some insurance companies require that fracture care billing be done on a “global” basis. This means that for a pre-determined amount of time all professional services related to the fracture care are included within an initial fee paid by the insurance company. X-Rays and casting/splinting, along with related supplies are not included within the global fee and are billed separately. Please note, that injections, joint aspirations and fracture care are all procedures listed as “surgical” for billing purposes by insurance companies. Though these services may be provided in the office or emergency room, they are generally listed on your explanation of benefits or bill as “surgical”.

FORMS (DISABILITY, FMLA ETC): There is a charge for completing any form that is not directly related to reimbursement of medical services. For compliance purposes, the patient information portion of the form must be completed, signed and payment must be received before ROSM will complete the remaining portion of the form.

MISSED OR CANCELLED APPOINTMENTS: Patient’s may be charged for a missed or cancelled appointment if the patient does not notify the clinic at least 24 hours prior to their scheduled appointment time, seven days in the case of a surgery.

RELEASE OF INFORMATION and AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I authorize Rezin Orthopedics to release to my insurance company or its representatives, information including the diagnosis and the records of any treatment or examination rendered to me that may be required to process my claim for benefits. I authorize and request that my insurance company pay directly to the above-named practice the amount due in my pending claim for medical treatment or services, by reason of such treatment or services rendered to me. This assignment will remain in effect until revoked by me in writing.

I understand and agree that, regardless of my insurance policy, I am responsible for the entire balance on my account, for all professional services provided to the patient (or myself). I have read all the information contained in the Financial Policy. I certify that, to the best of my knowledge, this information completed on the Patient Information form is correct and true. I will notify this office in case of any changes to my health or any of the attached information.

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read and choose not to) and understood the Notice.

Date: ____/____/____

Signature: _____

Patient Name (Print): _____

Patient or Authorized Representative (if applicable) Signature