



ORTHOPAEDIC ASSOCIATES OF WAUSAU S.C.

Faruk S. Abuzzahab, MD, PhD • Wayne A. Brearley, MD • Daniel M. Seybold, MD • James P. Sutherland, MD • George R. Tanner, MD

FINANCIAL POLICY

Thank you for choosing **Orthopaedic Associates of Wausau** for your healthcare needs. We will bill all insurance for your convenience and will work with your insurance carrier to make certain you receive the payment for the coverage your policy provides. Any non-covered services, denials or slow payments will be billed directly to you. **If your health plan requires a deductible or an office co-payment, you will need to make that payment at the time of your visit.**

Please call your insurance carrier if you have any questions about the benefits or requirements of your healthcare policy. This includes deductibles, co-payments, co-insurance or required referral forms. They may require authorizations **before** certain tests or procedures are done. Let us know if we can assist you with this process. Please remember that your medical policy is a contract between you and your insurance carrier. Ultimately, payment for your medical care is **your** responsibility. We are happy to provide a billing office to help with and answer your insurance and billing questions. Hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Please call us at 715/847-2382.

We will need the following information from you:

1. A signed **Records Release Form**
2. **Authorization for Direct Payment** from your insurance carrier (on the bottom of the Patient Registration Form)
3. Patient Registration and Health History Form
4. If this is a **Workers Compensation** injury, we will need information about your Workers Comp insurance (this can be obtained from your employer). We will also get your health insurance information should your claim be denied by Comp or your benefits be exhausted. (Contact us if you have questions about this.)
5. **No Insurance** - Our Credit manager will be happy to work with you if you do not have insurance. We require payment at the time of service for your office visit and can set up a payment plan if further procedures are required.
6. Please **bring your insurance card(s) and any required referral forms with you.** We will need a copy of these for our files and to bill your health insurance for you. Remember that if your health plan requires a co-payment, this will be collected at the time of your visit. Any questions about coverage should be addressed with your health insurance company. Their telephone number can be found on your health insurance card.

If you choose not to provide insurance information, you will be responsible for payment at the time of your visit.

Failure to show for an appointment: Please call us as soon as possible if you cannot make your scheduled appointment.

I acknowledge that I have read, understand and accept the above Financial Policy.

Patient/Guarantor Signature

Date

Patient's Printed Name