



Patient Financial Policy

Thank you for choosing Orthopaedic Associates of Wausau and/or PRO Physical Therapy and Hand Center! We are committed to providing you high quality care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities.

General Insurance Info

- It is your responsibility to provide us with complete and accurate insurance coverage information, as we bill your insurance as a courtesy to you
- If accurate and complete information isn't provided before or at the time of service, you are responsible for the full balance
- If your insurance company requires a referral and/or preauthorization to come to our clinic, you are responsible for obtaining it
- If your insurance requires a copay, we will collect that copay at the time of service
- It is your responsibility to understand your insurance benefits, however, we are happy to help you with this
- Certain procedures will not be performed until insurance coverage has been verified, our office will work with you on this.
- If you are covered under an insurance contract, we are unable to provide additional discounts
- If you are not able to pay your balance in full, we offer payment arrangements

Self-Pay Accounts

- Patients without insurance coverage or patients with third party liability coverage
- A down payment will be required at the time of scheduling and will be applied to charges related to your visit
 - **OAW:** \$350 down payment at initial visit
 - **PRO:** \$150 down payment at initial visit and \$100 at subsequent visits
- You may be eligible for a discount, please contact our office for additional information
- If you are not able to pay your balance in full, we offer payment arrangements
- We do not participate in community care programs utilized by local hospitals

Workers' Compensation

- It is your responsibility to contact your employer/human resources department to report your injury
- To file a claim on your behalf, we require a claim number, phone number, contact person and name and address of the workers' compensation insurance carrier
- If this information is not provided, we will bill your primary health insurance. If you do not have health insurance, you will be responsible for the balance

Minors

- The parent or guardian is responsible for full payment and will receive the billing statement
- **For divorced/separated parents, the parent presenting with the dependent is responsible for all charges. If the divorced decree indicates otherwise, the responsible parent must sign the financial policy and assignment of benefits on the patient registration form.**

Surgeries and Other Services

- A partial payment prior to services may be required for higher cost procedures, our insurance department will work with you on this

Collection Accounts

- If we are unable to work with you to pay your balance and your payments default, we may turn your account over to a collection agency

Non-Sufficient Funds (NSF)

- Check Policy – By using a check for payment, you agree to the following terms: In the event your check is dishonored or returned for any reason, your account will be charged back the face value of the check plus the amount any applicable fees as permitted by state law

If you have any questions or need clarification of any of the above policies, please contact our insurance department Monday through Friday, 8:00 am to 5:00 pm at 715-907-0900.

I acknowledge that I have read, understand and accept the about Financial Policy:

Patient/Guarantor Signature

Date