



ORTHOPAEDIC ASSOCIATES
— OF WAUSAU —



PRO PHYSICAL THERAPY
& HAND CENTER
OF WAUSAU
Performance. Rehabilitation. Orthopaedics.

Patient Financial Policy

Thank you for choosing Orthopaedic Associates and/or PRO Physical Therapy & Hand Center of Wausau as your health care provider. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient financial policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Co-Pays

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made with a billing coordinator. We accept cash, check, or credit cards. No post-dated checks will be accepted.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. If your insurance company is not contracted with us (out of network), you agree to pay any portion of the charges not covered by insurance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. For questions regarding deductibles, co-payments, coinsurance, non-covered services, and referral requirements please contact your insurance company.

Referrals and Preauthorization

If your insurance company requires a referral and/or preauthorization to come to our clinic, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company and the balance will be your responsibility. As a courtesy to our patients, we will obtain prior authorization for any services that our office orders.

Auto Insurance/Third Party Liability

All liability/motor vehicle cases will be filed with your health carrier unless your primary carrier is Medicare, where we are required by law to file with the liability/motor vehicle insurance. We will assist you in supplying you with copies of your billing or claim forms for submission to a liability/motor vehicle carrier. Ultimately, payment for your medical care is your responsibility. We do not accept attorney letters or contingency payments.

Cancellation

Patient will not be charged if they cannot make the appointment, but please provide us with at least a 24-hour notice so we can fill the time slot.

Self-pay Accounts

Self-pay accounts are patients without insurance coverage, or patients without an insurance card on file with us. Liability/motor vehicle cases will also be considered self-pay accounts. It is always the patient's responsibility to know if our office is participating with their plan.

Orthopaedic Associates: Patients will be required to bring \$350 at the time of the initial appointment. You will be asked to make payment arrangements for the balance. You will be asked to pay for charges on the day of service in full and if you are able to, a discount will be applied to your total fee. If you are having surgery, you will be expected to pay a deposit of one half of your remaining patient responsibility before services are rendered.

Pro Physical Therapy: Patients will be required to bring \$150 at the time of the initial appointment and \$100 to subsequent appointments.

Orthopaedic Associates is an independent, private practice and does not participate in the Community Care Program utilized by local hospitals. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients.

Workers' Compensation

In the case of a workers' compensation injury, it is your responsibility to contact your employer/human resource department, prior to being seen. Please provide us with a claim number, phone number, contact person, and name/address of the insurance carrier prior to your visit. If this information is not provided, you will be asked for payment at the time of your service. We require that you provide us with your private health insurance should your claim be denied or your benefits are exhausted.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive the billing statement for any patient under the age of 18. A signed release to treat may be required for unaccompanied minors. If you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

Outstanding Balance Policy

It is our policy that all accounts are paid in a timely manner after receipt of statement. If payment in full is not received, or a mutually agreed upon payment plan made within 30 (thirty) days, collection action may commence. Monthly payments that are missed may also be subject for immediate collection action. In the event an account is turned over for collection, any further communication will need to be directed to the collection agency.

This financial policy helps our office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please do not hesitate to contact us Monday through Friday 8:00 a.m. to 5:00 p.m. at 715-847-2382.

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

Patient/Guarantor Signature

Date