



SOUTHERN INDIANA ORTHOPEDICS PATIENT FINANCIAL POLICY

Thank you for choosing Southern Indiana Orthopedics to care for your needs. It is our goal to provide a financial policy that clearly outlines patient responsibilities. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. This policy has been established to avoid any misunderstanding concerning payment for professional services.

Patients Must Fill Out Patient Information forms prior to seeing the doctor. You, as the responsible party, must furnish our office with up-to-date insurance information. Please bring your cards with you to each visit.

PAYMENT: We accept cash, check, Mastercard, Visa, or Discover.

CO-PAYMENTS: Your insurance requires that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

SELF-PAY: Self-pay accounts shall exist if a patient has no insurance coverage. For self-pay patients, payment is expected on the day of your appointment. If you are unable to make payment in full, please contact the billing office prior to your appointment.

EXTENDED PAYMENT PLANS: Patients are encouraged to pay outstanding balances in full. However, 90-day payment plans are available. If this will not meet your needs, outside financing is available.

WORK INJURIES: It is the responsibility of the patient to notify us of the insurance company address, claim, phone number, contact person, and date of injury. Until we have complete verification from your carrier, you will be responsible for all charges. Your individual health plan information will also be obtained but only used in the event your workers' compensation case is denied.

AUTO/PERSONAL INJURIES: Complete information, including claim number, mailing address, contact name, and telephone number, is needed at or before your initial visit. Your individual health plan information will be obtained and used in the event your claim is denied.

PARTICIPATING INSURANCES: We participate with many insurance carriers. However, it is your responsibility to obtain information from your plan or employer concerning our participation with your insurance plan.

PAST-DUE ACCOUNTS: Accounts not paid in a timely manner will be referred to an outside agency for collections. In the event your account is sent to a collection agency, you will be responsible for all fees, including collection fees, attorney fees, and court costs.

I have read, understand, and agree to the above Financial Policy.