



## FINANCIAL POLICY

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Arrangements for payment for medical services provided by a practitioner of Pacific Rim Orthopaedic Surgeons (PROS) must be made in advance. We accept cash, personal checks, debit cards, Visa, MasterCard and American Express credit cards. We are happy to provide an estimate of charges for your visit(s) or surgery upon request.

We must emphasize that as an orthopedic practice and medical office, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility from the date services are rendered. **Therefore, it is often necessary for you to inquire and explore your benefits with your insurance carrier.** We realize that temporary financial problems may affect timely payment of your account and if such problems do arise, we encourage you to contact our business office for assistance in the management of your account.

### PATIENTS WITH INSURANCE

***Clinic Visits and Surgery Charges*** - For patients who have provided the information necessary to bill their insurance company, PROS will bill the insurance carrier for the services provided. **Patients are responsible for co-pays, deductibles, coinsurance balances, and any known services not covered by your insurance at the time of the clinic appointment.** There may be a balance after the insurance carrier has settled their part of the claim and the patient will be billed for this balance. We encourage patients to know their policies and to become familiar with their orthopedic benefits. This will help to avoid any billing surprises.

### SELF-PAY PATIENTS

***Clinic Visits - Patients who are self-pay are required to pay at the time of service.*** A New Patient visit charge is \$250.00. An Established or Follow-Up visit charge is \$150.00. PRP Injections must be paid in full at time of visit. You will be billed for other services obtained during your visit. If paid in full at the time of visit, a 10% discount will be given to additional services obtained during your visit. The discount does not apply to the visit charge, or to patients with prior balances unless the entire account is paid in full. In some instances, a Payment Plan Agreement may be approved prior to the day of service. In this case, the patient will be required to sign a payment plan agreement and provide a minimum of \$100 as a down payment at the clinic visit.

***Surgery Charges*** - A deposit of 50% of the anticipated physician fee is required at least one week prior to surgery.

### PATIENTS ON THE PEACEHEALTH FINANCIAL ASSISTANCE PROGRAM WITH NO INSURANCE

**PeaceHealth Financial Assistance does not apply to clinic visits at PROS or surgery performed by PROS providers.**

- When a physician has provided direct care for a patient at PeaceHealth (i.e. ER visit or surgery) and the patient is has obtained PeaceHealth Financial Assistance and has no insurance, the PROS physician charge(s) will be adjusted to equal the Kaiser fee schedule. A Payment Plan Agreement may be arranged with the Billing Department.
- When a patient is referred to the clinic from the Emergency Department and the physician did not provide direct care while on call, the policy under Self-Pay Patients above will apply with the charge adjusted to equal the Kaiser fee schedule. A Payment Plan Agreement may be arranged for the patient.

Section 1557, Affordable Care Act: Pacific Rim Orthopaedic Surgeons, LLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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**PATIENTS USING MOTOR VEHICLE ACCIDENT (MVA) INSURANCE**

**Clinic Visits** - We will bill the MVA insurance one time and after 30 days of non-payment the balance will become the patient’s responsibility. We do not deal with attorneys or wait for payment from a settlement. If the Personal Injury Policy exhausts on the MVA insurance, we will bill the private insurance or the private party if the information has been provided.

**Surgery Charges** - These payments are handled on a case by case basis and will need to be negotiated with the Billing Department at least one week prior to surgery.

**SURGERY/GLOBAL SURGICAL PACKAGE**

Medical billing for all major surgical procedures (i.e. fracture repair, joint replacement, etc.) generally involves a set fee for the procedure and follow up visits for a period of 90 days following treatment. This is commonly referred to as a “Global Surgical Package” and does not include the initial consultation or evaluation by the surgeon to determine the need for major surgery; visits unrelated to the diagnosis for which the surgical procedure is performed; diagnostic tests and procedures including x-rays; treatment for post-op complications that require a trip to the operating room; additional cast applications and supplies; any braces or splints that may be required; and a more extensive procedure if the less extensive procedure fails.

**BAD DEBT ACCOUNTS**

Pacific Rim Orthopaedic Surgeons, LLC, or any other collection or servicing agency or agencies retained by the facility (together referred to hereafter as "collectors") to collect any money that I owe to the facility, may contact me by telephone or text message at any number given by me or otherwise associated with my account, including but not limited to cellular/wireless telephone numbers, which may result in my incurring fees for the call or text message. The collectors may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages or voice mail messages. The collectors may contact me using e-mail at any e-mail address I provide to the facility or is otherwise associated with my account.

Note: Balances in collections must be paid in full prior to further treatment. The collection agency and your health insurance company will be called to verify payment and current benefits prior to scheduling an appointment. If you are without insurance, the self-pay policy listed above applies. If you have filed for bankruptcy, a \$450.00 deposit is required for self-pay and/or non-contracted services. Internal unpaid balances must be paid prior to more appointments being made.

**NON-SUFFICIENT FUNDS**

A \$25.00 charge will be made for non-sufficient funds.

I have read, understand, and agree to the provisions of the policy.

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature

or

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature