



FINANCIAL POLICY

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 Billing Office for assistance in the management of your account.

PATIENTS WITH INSURANCE

Clinic Visits and Surgery Charges - For patients who have insurance coverage, PROS will bill the insurance carrier for the services provided. Per our contractual obligation with your insurance provider, we are not allowed to bill patients privately. We must bill your insurance. **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 for their visit(s) at the time of service.** A New Patient visit charge is \$240.00. An Established Patient or Follow-Up visit charge is \$150.00. You will be billed for additional charges or other services (i.e. injections, casting, etc.) obtained during your visit. A 10% discount is available if the account is paid in full. Payment Plans are available at the Clinic Administrator's discretion and must be approved and signed prior to the day of service. PRP injections must be paid in full at time of visit.

Surgery Charges - A deposit of 50% of the anticipated physician fee is required at least one week prior to surgery. A payment plan will be established for the remainder of the amount due.

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 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.

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 Clinic Administrator or 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.

METHOD OF PAYMENTS

PROS accepts cash, checks, most debit cards, HSA debit cards; and Visa, Mastercard and American Express Credit Cards.

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