



FINANCIAL POLICY

Arrangements for payment for medical services provided by a practitioner of Pacific Rim Orthopaedic Surgeons (PROS) must be made in advance. We are happy to discuss our charges and provide you with 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. **We can assist in determining your plan benefits and coverage, but it is ultimately your responsibility to know and understand the services covered by your health insurance plan.** Please inquire and explore your benefits with your insurance carrier if you are unsure of your plan's orthopaedic benefits. **It is also your responsibility to notify us if your insurance carrier or policy changes.**

PATIENTS WITH IN-NETWORK INSURANCE COVERAGE

Clinic Visits and Surgery Charges - For patients who have in-network insurance plan 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 insured 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 service.** Your insurance company requires that we collect your copay or coinsurance at check-in. Copays and coinsurance are separate from your deductible and are still required upon meeting your deductible. 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 insurance policies and to become familiar with the orthopaedic benefits. This will help to avoid any billing surprises.

Surgery Charges - A deposit of 10% of the anticipated physician fee is required at least one week prior to surgery. A payment plan will be established and a credit card on file will be required for the remainder of the amount due.

PATIENTS WITH NON-CONTRACTED INSURANCE PLAN COVERAGE

The same policy as patients with in-network insurance applies. It is the responsibility of the patient to verify if PROS is contracted with your insurance plan. If we are not contracted, as a courtesy PROS will bill the insurance carrier for the services provided, however any outstanding balances are the patient's responsibility. Insurance companies sometimes use the phrase "usual and customary" or "out of network" when discussing our fees. Insurance companies set their own "usual and customary" rates based on a wide geographic area and the fees we charge may differ.

SELF-PAY/UNINSURED PATIENTS

Clinic Visits - **Patients who are self-pay (no billable insurance), are required to pay for their visit(s) at the time of service.** A New Patient visit charge starts at \$240.00 (CPT 99203). An Established Patient or Follow-Up visit charge starts at \$150.00 (CPT 99213). You will be billed for additional charges or other services (i.e. injections, casting, etc.) received during your visit. A 10% discount is available if the account is paid in full at

the time of service. Payment Plans are available at the Billing Department's discretion and must be approved and signed prior to the day of service. Non-billable services 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 10% discount is available if the account is paid in full at the time of service. If it is not paid in full, a payment plan will be established and a credit card on file will be required for the remainder of the amount due.

PATIENTS ON THE PEACEHEALTH FINANCIAL ASSISTANCE PROGRAM

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 Permanente 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 Permanente fee schedule. A Payment Plan Agreement may be arranged for the patient.

MINORS OF DIVORCED PARENTS & CHILD CUSTODY CASES

Both parents are financially responsible for care rendered to minor children. We do not get involved in divorce situations and the parent that is listed as the Guarantor for the child will be financially responsible and any statements will be mailed directly to that parent.

WORKERS COMPENSATION AND MOTOR VEHICLE ACCIDENT (MVA) INSURANCE

Clinic Visits - We will bill the Workers Compensation plan or MVA insurance provided. This information must be provided before the service, or the self-pay patient policy will apply. Patients will be responsible for all medical services obtained and/or the remaining balance(s) owed if the work comp/MVA insurance fails to pay. We do not work with attorneys or wait for payment from a settlement. If the Personal Injury Policy exhausts on the MVA insurance, we will bill the patient's regular medical insurance plan or the private party.

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 additional operations; additional cast applications and supplies; any braces or splints that may be required; or 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 the patient owes to the facility.

The patient or the patient's guarantor may be contacted by telephone or text message at any number provided or otherwise associated with the patient's account. This includes mobile telephone numbers, which may result in my incurring fees for the call or text message. The collectors may contact the patient or the patient's guarantor by automatic dialing devices and through pre-recorded messages, artificial voice messages or voice mail messages. The collectors may contact the patient or patient's guarantor using e-mail at any e-mail address provided to the facility or is otherwise associated with the patient's 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 subsequent appointments being scheduled.

OTHER CHARGES/NON-BILLABLE SERVICES

Patients are responsible for some charges that are not covered by their health insurance policy. This includes services such as Platelet Rich Plasma (PRP) and HA (Synvisc, Orthovisc) injections, completing paperwork or forms, waterproof casting supplies, etc. The fees for these services are the patient's or guarantor's responsibility and payment is due in full at appointment check-in.

PROS reserves the right to charge patients for no-showing clinic appointments; frequent reschedules of planned surgeries or late cancellations of surgeries for non-emergent reasons.

NON-SUFFICIENT FUNDS

A \$40.00 charge will be added to the patient's account for returned payments or insufficient funds. (Washington State RCW 62A.3-515(1).)

METHOD OF PAYMENTS

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

Effective Jan 1, 2019, we will require a credit card on file for all non-billable services, and for patients with balances on accounts. You will be asked to provide a credit card number and the information will be held securely until your insurance(s) have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you or the amount determined per pre-determined payment plan, will be charged to your credit card. A copy of the charge will be emailed to you.

We require patients to provide an active telephone number and email address upon registration. We will use these means for SMS/email outreach, to leave voice messages, and to make outbound calls from a human being or auto-dialer related to appointment reminders, healthcare information, and for billing matters. Effective Jan 1, 2019, all patients who provide an email address will be opted-in to e-statements.

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.

If you have questions about any of these payment policies, please speak our Billing Office or call 360-756-6473.