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## CREDIT POLICY

### PAYMENT OPTIONS

|                      |   |
|----------------------|---|
| <b>*CASH</b>         | <i>Deposit of \$125.00 required at the first office visit for all self-pay, non-contracted insurance plans and Motor Vehicle claims.</i>                          |
| <b>*COPAYMENT</b>    | <i>Your copayment is required at the time of service.</i>   |
| <b>*CREDIT CARDS</b> | <i>Visa, MasterCard, or American Express. Debit Cards are accepted for all Banks.</i>   |
| <b>*SURGERY</b>      | <i>In the event your visit turns into a surgery we will require a pre-surgical deposit of \$250.00 which will be applied to any outstanding residual balance.</i> |

### PATIENT BILLING STATEMENT

*You will receive a monthly statement showing itemized charges and the total due on your account. Payment in full is required within 60 days. A Finance Charge of 1.5% will be assessed on residual balances 60 days and older.*

*If you are not insured we will work with you to arrange a signed payment plan. Interest will continue to accrue during the duration of the payment plan.*

*There will be a \$25.00 fee charged for returned checks. No credit will be extended to patients having a delinquent account or who have been referred to a Collection Agency for payment.*

*Responsibility for payment of your account remains with you at all times; and although you may have an insurance claim pending, we must look to you for payment regardless of the circumstances involved.*

### INSURANCE OVERVIEW:

#### PREFERRED PROVIDER PLANS:

*With certain insurance companies, it is necessary for you to be treated by a Preferred Provider to ensure complete coverage. If the doctor is not on the preferred provider panel, you will be responsible for allowed and non-allowed charges. Please check with the registrar for a complete listing or contact your insurance carrier directly.*

**MEDICARE:** *We accept assignment with Medicare. One secondary insurance claim is submitted as a courtesy.*

#### NON-CONTRACTED PLANS and/or MOTOR VEHICLE CLAIMS:

*We will submit one insurance claim as a courtesy, provided that a current insurance card is presented at your visit or we have proof of your personal injury coverage.*

**THIRD PARTY CLAIMS:** *We do not bill third party claims.*

#### HMO INSURANCE PLANS:

*A referral is required from your primary care physician prior to each appointment. If we do not have a referral at the time of the appointment, you will be asked to reschedule or sign a waiver stating you will be responsible for all charges incurred during your visit.*

#### WORKER'S COMPENSATION:

*It is your responsibility to inform the registrar that the visit is for a work-related injury. If the claim is DENIED, CLOSED or if you fail to inform us of the work-related nature of your medical problem, including appropriate claim information, you will be responsible for all charges.*

#### WELFARE:

*We require a copy of the coupon at each visit. If we cannot confirm eligibility or if we do not have a referral at the time of the appointment, you will be asked to reschedule or sign a budget plan and/or waiver, stating you will be responsible for all charges incurred during your visit.*

#### DURABLE MEDICAL EQUIPMENT:

*During your visit medical products may be recommended and/or dispensed to assist you with the healing process. NSS will bill your insurance as a courtesy and will look to you for final payment.*

Updated Policy Effective February 2005