THE ORTHOPEDIC & SPORTS MEDICINE CENTER CREDIT POLICY

PAYMENT POLICIES

Payment is due at the time services are rendered unless arrangements have been approved in advance. By law, we are required to collect your co-payment at the time of service. Payment will be collected at the front desk prior to seeing the doctor. Failure to pay will require us to reschedule your appointment.

FINANCIAL POLICY STATEMENT

It is our policy to bill your insurance carrier as a courtesy to you, although you are responsible for the entire bill when the services are rendered. We require that arrangement for payment of your estimated share be made today. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. If any payment is subsequently made by your insurance carrier in excess of the balance of your account, we will promptly refund the credit.

If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit same to The Orthopedic & Sports Medicine Center.

I understand and agree that if I fail to make any of the payment for which I am responsible in a timely manner after such default and upon referral to a collection agency or attorney by The Orthopedic & Sports Medicine Center, I will be responsible for all costs of the attorney by The Orthopedic & Sports Medicine Center. I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees and attorney fees.

WORKERS COMPENSATION, LITIGATED, OR THIRD PARTY CLAIMS

Concerning Workers Compensation Claims, charges will be submitted directly to your employer or insurance company. Concerning litigated or third party claims, we are unable to wait for a settlement. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. This office requires you to pay for each visit at the time of your appointment. A payment plan will be set up until a settlement is made by the insurance company.

MEDICARE

We will submit your charges directly to Medicare and file any secondary claims. However, any deductibles and/or co-insurance balances not covered will be your responsibility.

BENEFIT ASSIGNMENT/RELEASE OF INFORMATION

I, hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance and any other health plans to The Orthopedic & Sports Medicine Center. A photocopy of this assignment is to be considered as valid as the original. I, hereby authorize said assignee to release all information necessary including Medical Records, to secure payment.

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give my consent for The Orthopedic & Sports Medicine Center to furnish medical care and treatment considered necessary and proper in diagnosing or treating the patient's physical condition.

I accept full responsibility for payment of any charges not otherwise covered. I have read and understand the above information.

_____ _____

Patient's Signature Date

(Signed by parent or guardian if patient is a minor or unable to sign)