

## Financial Policy

Thank you for choosing Oertel Orthopedics, Inc. We are committed to the success of your care. Please understand that payment of your bill is part of this treatment and care. We are available to answer any specific billing questions. The following information is provided as a courtesy to clarify your financial responsibility. This document does not cover all situations and should not be construed to be an all-inclusive listing of all possible situations. As part of our commitment of service to you, we will make every attempt to verify your insurance benefits at the time your services are rendered. However, insurance verification or authorization is not a guarantee of insurance payment. This only allows our office to provide you with a preliminary estimate of any monies due by the insured at the time of delivery of the device. Your patient portion is subject to change based on final claim determination by your insurance carrier.

What is my financial responsibility for services? Your financial responsibility depends on a variety of factors, explained below.

Insurance Plan with whom we have a contract	<p>If the services you received are covered by the plan: Patient portion (co-pay, deductible, co-insurance, etc.) on or before date of delivery</p> <p>If the services you receive are not covered by the plan: Payment in full on or before date of delivery</p>	<p>Contact your insurance plan to obtain your eligibility, benefit information and patient portion (co-pay, deductibles, co-insurance, etc.).</p> <p>Submit your insurance claim.</p>
Insurance Plan with whom we are Not Contracted or we are NOT an "In-Network" Provider	Payment in full on or before date of delivery, unless your plan agrees to pay us directly.	<p>Contact your insurance plan to obtain your eligibility and Out-of-Network benefit information.</p> <p>Submit your insurance claim if your plan agrees to pay us directly.</p>
Medicare Part B	<p>(f you have Medicare Part B, and have not met your deductible, we ask that it be paid on or before date of delivery.</p> <p>If you do not_have_secondary insurance, Medicare co-insurance amount due on or before date of delivery.</p> <p>If the totoal services are less than \$250, full payment on or before date of delivery.</p> <p>Payment for any services not covered by Medicare on or before date of delivery.</p>	<p>Contact Medicare and secondary insurance plan (if applicable) to obtain your eligibility and benefit information.</p> <p>Advise you of your deductible and/or coinsurance.</p> <p>Submit your insurance claim to Medicare, as well as any claims to your secondary insurance.</p>
Worker's Compensation	<p>If the services you receive are covered by worker's comp: patient portion (if applicable) on or before date of delivery.</p> <p>Payment for any services not authorized by Worker's Comp on or before date of delivery</p>	Call your Worker's Comp plan to obtain your eligibility, benefit information and patient portion (if applicable) as well as obtain prior authorization (if applicable).
No Insurance	Payment in full due on or before date of delivery	Advise you regarding charges for services provided.

How may I pay? We accept payment by Cash, Check, or Credit Card. Note: Charges not covered by your insurance plan, as well as applicable co-payments and deductibles, are your responsibility. Our returned check fee is \$25.00. Billing Questions: Please contact us at 908.688.1818

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_