

Arizona Orthopedic & Fracture Surgeons Financial Policy

Thank you for choosing Arizona Orthopedic & Fracture Surgeons (AOFS) to provide your orthopedic care. Please understand that our credit and collection policies are a necessary part of assuring the financial resources required to provide quality medical care for our patients. It is important that we work together to assure that reimbursement for services is simple and straightforward. Our practice manager or billing department will be glad to discuss these policies with you.

(1) AOFS reserves the right to reschedule an appointment if applicable co-pay is not paid in full at the time of appointment check-in. (Initial _____)

(2) AOFS reserves the right to collect, prior to surgery, deductibles up to an amount equal to payment in full for the planned surgical procedure and coinsurance in an amount equal to your expected coinsurance liability. Payment in full and expected coinsurance payment liability are determined by the anticipated surgical billing code(s), details of your policy, and contract between your insurance company and AOFS. AOFS will provide a written invoice detailing all charges. If full deductible is not applied to AOFS by your insurance company, then AOFS will refund any overpayment to you within 30 days of the date AOFS receives any overpayment. (Initial _____)

(3) For balances due, AOFS will allow 60 days from the date of filing for your insurance company to process or pay your claim. Arizona law allows insurance companies operating in this state no more than 30 days to process claims. It is your responsibility to provide your insurance company with any requested information needed to process your claim. If your insurance company is unable to process your claim because of their inability to obtain information from you, AOFS will assess to you an administrative fee equal to 25% of your balance. (Initial _____)

(4) You will receive a statement every month showing your account balance. Your statement will indicate which portion of the balance is due from you, and which is still being processed by your insurance company. Those amounts due from you are to be paid in full by the date stated on the invoice. You will receive a "Final Notice" 45 days following an insurance payment if your portion has not been paid. Past due amounts will accrue interest at a rate of 1.5% per month. (Initial _____)

(5) Delinquent accounts will be transferred to a collection agency or our attorney when payments are not made in accordance with the above described policy. In the event of default, you will be required to pay collection costs and reasonable attorney fees. Accounts sent to collections are reported to all three major credit bureaus and are on file for seven years. Thank you for your cooperation. (Initial _____)

Signature _____

Date _____

Signature Patient/Insured _____