

SEACOAST ORTHOPEDICS & SPORTS MEDICINE – OFFICE FINANCIAL POLICY

If you have medical insurance, we will be happy to bill most insurance companies if you provide our office with all the necessary information. For identification and billing purposes it is our policy to require patients to provide their social security number. Any balance, however, is ultimately your responsibility. Your co-payment or co-insurance is due at the time of your visit. If you have no insurance, payment in full is expected at the time of your visit. We accept cash, checks, MasterCard, and Visa.

MEDICAL INSURANCES:

We participate with the following insurances: Anthem, CHAMPVA, CIGNA HealthCare, Medicare, NH Medicaid, TriCare Standard, and several PPOs.

For other insurance companies that we do not participate with, we will make a reasonable effort to bill. However, there may not be any benefits or there may be limited benefits for services by our physicians. Please be advised that it is your (the patient's or insured's) responsibility to contact your insurance company to see what your plan covers prior to treatment. In cases of liability, we do not bill third party insurances or attorneys; payment in full is expected at the time of your visit.

If your insurance has not paid within 60 days, the balance will become your responsibility and we recommend that you contact your insurance company.

MANAGED CARE INSURANCES:

As a specialty practice, our physicians are not authorized to provide services for patients with managed care insurance without authorization from their primary care physician. The exception to this would be if your insurance includes a Point of Service or Option 2 plan, which allows you to choose treatment without a referral. In this case, you need to notify our office that you have chosen this option (if applicable). For all other HMOs, please be advised that it is your (the patient's or insured's) responsibility to make certain a referral authorization has been received in our office prior to your appointment or bring your referral with you at time of appointment. If you do not have the referral with you or the referral is not in our office the day of your appointment, you will be responsible for any charges denied by your insurance for no referral.

ADDITIONAL INFORMATION:

If your insurance company requires that you provide them with a signed claim form or accident details, it is your responsibility to do so. Failure to respond to requests from your insurance company will result in the balance becoming your responsibility.

In cases of divorced or separated parents, our policy is that the parent bringing the child into our office for services must be responsible for any balance.

I hereby authorize Seacoast Orthopedics & Sports Medicine to furnish my health information for purposes relating to treatment, payment, and health care operations, and I hereby assign to Seacoast Orthopedics & Sports Medicine all payments for medical services rendered. I understand and agree that, regardless of my insurance status, I am ultimately responsible for my account for any professional services rendered. I have read the information in this OFFICE FINANCIAL POLICY and verify that all insurance information is true and correct to the best of my knowledge.

I hereby agree to consultation with Seacoast Orthopedics & Sports Medicine and agreed-upon treatment. I understand that this signature is valid for any treatment for the duration of one year.

Patient Signature: _____ Date: _____

Parent Signature (if patient is a minor): _____ Date: _____

Parent Social Security Number (if patient is a minor): _____