

**FAIR OAKS ORTHOPAEDIC ASSOCIATES
FINANCIAL POLICY**

Fair Oaks Orthopaedic Associates is dedicated to providing our patients with the best possible care. We ask your help by understanding and cooperating with our financial policy.

Insurances:

We participate with most insurance companies. Please check with your insurance company to see if we participate with your plan. We will file secondary insurances as a courtesy to our Medicare patients and those patients having a federal insurance as their secondary **ONLY**. All other patients will be responsible for filing to their secondary insurances.

If we do participate with your insurance company, all services performed in our office and at the hospital will be submitted to them, unless we have received prior notification of non-covered services. All copays and deductibles are the patients responsibility and are due at the time of service.

HMO insurances may require referrals for services. It is the **patients responsibility** to obtain the referral prior to the time of service. If a referral is **NOT** presented at the time of service, the practice reserves the right to **cancel** the appointment until the patient presents with a referral. **All managed care patients are responsible for copays at the time of service.**

If we do not participate with your insurance, services will need to be paid in full and we will provide you with an itemized bill so that you may submit the charges to your insurance company for reimbursement.

It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company.

Payment for Services Performed:

For your convenience, our office accepts Visa and MasterCard, as well as cash or checks. All payments are expected at the time of service. Should your account become delinquent and be turned over to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance.

I Have Read and Fully Understand the Financial Policy Set Forth by Fair Oaks Orthopaedic Associates and I Agree to the Terms of this Financial Policy. I Also Understand and Agree that the Terms of this Financial Policy may be Amended by the Practice at Any Time Without Prior Notification to the Patient.

Signature of Patient and/or Guardian

Date