



FINANCIAL POLICY

IF THIS VISIT IS DUE TO INJURIES RELATED TO AN AUTO ACCIDENT, YOU WILL BE CONSIDERED A SELF PAY PATIENT EVEN IF YOU HAVE HEALTH INSURANCE COVERAGE. PLEASE ASK TO SPEAK WITH THE BILLING DEPARTMENT IF YOU HAVE ANY QUESTIONS.

In order to accommodate the needs and requests of our patients, we have tried to enroll in a number of managed care insurance programs. While we are pleased to be able to provide this service to you, it is impossible for us to keep track of all the individual requirements of these plans. Each plan has different stipulations regarding its policies.

It is your responsibility to contact your insurance company and find out whether our doctors are participating with your particular insurance plan. Some insurance carriers have a PPO, HMO, POS or indemnity plans, and it is very possible that our doctors may participate in one of these plans, but not in all.

It is your responsibility to obtain a referral from your primary care physician (PCP) if your plan requires you to have a referral to see an ACADEMY ORTHOPEDICS physician. If at the time of your appointment we have not received that referral you will have the option of paying for the visit or rescheduling until your PCP is able to get us the referral.

It is your responsibility to read and understand your insurance policy and coverage. Certain services/procedures may or may not be covered under your plan.

In the event that:

- Your claim is not paid as in-network because we are not participating in your plan
- Your insurance coverage is not in effect on the date of your visit
- Your insurance denies a service for "not medically necessary"

You will be billed directly for the visit /procedure.

I have read and understand the aforementioned policy and agree to accept financial responsibility as described above.

Patient Name: _____ Date: _____

Patient Signature: _____