

# SIERRA PACIFIC ORTHOPEDICS

## Financial Policy

Welcome to Sierra Pacific Orthopedics. We would like to take this time to acquaint you with the financial policies of our group. Our goal is to provide you with the highest quality care possible. In order to maintain our goal, we have highly trained staff available to help answer questions that you may have regarding your treatment, insurance or billing issues. Please do not hesitate to ask for assistance.

Our office contracts with most Preferred Provider Organizations (PPOs) as well as many Health Maintenance Organizations (HMOs). You must verify that Sierra Pacific Orthopedics is contracted with your health plan. If your health care expenses are covered by one of these plans, we require that you pay all deductible, co-pay and co-insurance amounts at the time of service. We will bill your plan for the remaining balance. If we do not contract with your plan, we require payment in full at the time of service. Please remember medical services are rendered directly to each patient at their request, therefore, each patient is responsible to us for payment.

By signing below, you acknowledge that Sierra Pacific Orthopedics is NOT a Medi-Cal Provider, and you hereby confirm that you (or the patient, if you are signing as a responsible party) are not a Medi-Cal patient. You further acknowledge that failure to provide accurate insurance information or information about your Medi-Cal status could be considered fraudulent and could carry civil and criminal penalties. Additionally, this could result in our office terminating the professional relationship with the patient and/or billing you as a private pay patient.

**A copy of your insurance card is required at each visit.** It is your responsibility to notify Sierra Pacific Orthopedics of any changes in your coverage status. This information will be kept in your medical file.

Charges billed to your insurance plan will be noted on your account until payment and/or an explanation of benefits (EOB) is received from the insurance company. We will bill your plan directly as a service to you, but not in substitute of your primary responsibility for payment. Charges which have not been paid by the insurance are the patient's responsibility. All patient due balances are expected to be paid upon receipt of an EOB. We may require a guarantee of payment in the form of a credit card which will be used to satisfy future patient responsibility balances. Alternatively, patients may place a deposit on account toward future balances.

We may provide account balance and payment notification via SMS message (text), email and/or phone in addition to our normal customary process and you hereby grant authorization for us to do so. Request for alternate methods of payment will be reviewed on an individual basis. Every effort will be made to come to an agreed upon method of payment.

There will be a \$20 service charge on all returned checks.

Some of the physicians at Sierra Pacific Orthopedics have a financial interest in the following facilities:

Fresno Surgical Hospital  
Summit Surgical

A list of these physicians is available at the administrative offices of Sierra Pacific Orthopedics on the 3<sup>rd</sup> floor.

*I have read the above policy and agree to comply with its provisions. I understand that I am responsible for payment for all medical services rendered. I understand that if I am covered by a third party payment service such as an insurance plan, your office may bill them directly as a convenience to me, but I am personally responsible for such charges until they are paid in full.*

**Assignment and Release:** *I hereby authorize my insurance benefits to be paid directly to SIERRA PACIFIC ORTHOPEDICS and that I am financially responsible for services that the insurance considers to be non-covered. I authorize SIERRA PACIFIC ORTHOPEDICS to release any information required to process my claim.*

Patient Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Sierra Pacific Orthopedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*