



BASIC POLICY: The patient is responsible for all medical bills in our office. It is the patient's responsibility to know your contract benefits, assure collection of insurance payments to us, and to negotiate with your insurance company over any disputed claims.

IF YOU DO NOT HAVE INSURANCE: Our policy requires payment in full today. If you meet with our financial representative and make payment arrangements, we will accept partial payment if you cannot pay in full today.

IF YOU HAVE INSURANCE: Your co-pay or 20% is due at the time of service. We will bill your insurance electronically. If you are covered by Medicaid, Medicare, or other insurance, please present your identification card to the receptionist at the time of your appointment.

REFERRALS: You are responsible to bring a referral from your primary care physician for HMO, Indian Health Service, and Healthy Connections or appointment will be rescheduled.

WORKMAN'S COMPENSATION: In the event that it is determined by the Worker's Compensation board that the illness or injury is not a result of a compensable Worker's Compensation case, we will bill any private insurance. The balance is your responsibility.

LIABILITY: If pending settlement from insurance company or attorney, monthly payments are required until settlement is received.

MINOR PATIENT'S: The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment.

REJECTED CLAIMS: If your insurance company rejects your claims, or they pay less than the total bill, our policy requires you to pay the balance in full upon receipt of your statement. If you cannot pay in full after your insurance payment, contact our business office to make payment arrangements.

FORMS OF PAYMENT: We accept payments in cash, check or money order, Visa, MasterCard, and Discover. We will also accept post-dated checks.

DELINQUENT ACCOUNTS: Delinquent accounts over 90 days are turned over to our collection manager. If satisfactory arrangements for payment are not made, the account will be turned to a collection agency.

MONTHLY STATEMENTS: You will receive an itemized monthly statement until your bill is paid in full whether or not you have insurance. Interest of 1.5% per month (18% per year) will be applied to any amount not paid after 90 days with a minimum charge of \$0.25 per month.

I authorize the release of information that may be necessary to request claim reimbursement from any insurance company that I submit a claim to.

I authorize payment directly to Idaho Orthopaedic and Sports Clinic. I understand they will refund any overpayment on my account.