

WOODFIELD ORTHOPAEDICS & SPORTS MEDICINE, LTD

PATIENT FINANCIAL RESPONSIBILITY

- Payment for services is expected. Options include billing to insurance company (PPO, Medicare, etc) minus any copay paid at the time of service; billing to worker's compensation with approval; self-pay
- Accepted methods of payment include cash, local bank check with picture ID, VISA, Mastercard, Discover and American Express
- The bill for services rendered is **your responsibility**. As a courtesy to you, the patient, WOSM will assist with billing issues regarding insurance company benefits. We may ask for your assistance completing necessary forms. If you are unable to pay at the time of service, payment arrangements **must** be made **prior** the doctor's exam.
- If you are covered by an insurance plan, you must provide **at the time of your visit**:
 1. Co-payment
 2. Co-Insurance information in addition to the primary company information
 3. Valid insurance card
 4. Verification of insurance information as needed
- **The balance remaining after insurance benefits are paid is your responsibility and will be billed accordingly**

BILLING POLICY

- There is a **\$30** service charge for any returned checks
- Any account over 90 days old will be turned over to a collection agency unless prior payment arrangements are made
- Patients under 18 **must** be accompanied by a parent or another person over 18 **only** with written permission from a parent

I understand and agree that, regardless of my insurance status, I am responsible for the balance on my account for services rendered. I have read all the information on this sheet.

Patient Name (Print) _____ Date _____

Patient Signature _____ Date _____

Patient Name (if minor) _____ Date _____