



BARCODE

Financial Policy
(updated 8-2014)

To Our Patients:

We are pleased you have chosen Orthopedic Associates of Northern California to provide your medical services. We are committed to providing you with the best possible medical care to meet your needs. Our practice firmly believes that to achieve our mission we must maintain a high level of understanding and good communication with our patients. Therefore, we want to communicate our Financial Policy to you in writing so you know what to expect at the time of your visit(s).

We believe that by having a full understanding of the estimated costs of your services beforehand you will be better able to prepare for your portion of financial costs.

The following information is provided to clarify our policies concerning payment for professional services:

1. **Time of Collection:** We will be asking for copayments, out-of-pocket, self-pay deposits, and outstanding balance payments when you check in for your appointment with our front desk staff. Deductible and out-of-pocket costs will have been determined prior to your arrival by contacting your insurance company for these amounts and applying them to the estimated costs of your procedures. We accept many forms of payment, including cash, check, money orders, and Visa, MasterCard, Discover, and American Express cards.
2. **Account Balances:** Financial estimates are not always exact; account balances reflect the final service(s) rendered and insurance benefits allowed under your plan. Unless other arrangements have been made, the following payment plans will be automatically set up. Account balances ranging from-
 - \$10-\$75 will be default to a Net 30 day payment plan
 - >\$75-\$200 will default to a Net 60 day payment plan
 - >\$200-\$350 will default to Net 90 day payment plan
 - Balances over \$350 will default to a Net 120 day payment planExtended plans will be considered on a case by case basis and must be secured with an ATM/Credit Card contract for the monthly payments. The automated payment date for the recurring payment will be a date in the month that best works for you.
3. **Uninsured or non-covered services:** Uninsured patients will be directed to the business office prior to scheduling services for financial counseling. A deposit towards treatment of \$450.00 (minimum) is required at the time of your appointment.
4. **Patient Credits:** Credits are refunded when treatment by any provider in the practice has been completed and all claims have been finalized by your insurance.
5. **Missed Appointments:** All appointments missed without notice are subject to a \$75.00 no-show fee. Notice of cancellation must be given a minimum of **24 hours** in advance.
6. **If you are consistently unable or unwilling to meet these new guidelines:** There is a possibility we may need to reschedule any future appointments until a time when you are able to do so. This would be considered on a case-by-case basis.

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It is also extremely important that we be notified, as soon as possible, of any changes in your insurance status, or to your insurance carrier. This would include eligibility changes, becoming newly insured or uninsured, or acquiring secondary coverage.

Orthopedic Associates of Northern California understands that you may be facing stressful life events while you are acquiring our services. Our account specialist will help counsel patients on our policies, and any insurance questions that arise. We hope to help you as much as possible through this process, and be an advocate for you as you navigate through the financial portion of your medical care.

If you have any questions about these policy changes we are happy to help you. Please contact your account specialist at **(530) 897-4500 or (530)-897-4545.**

Cordially,

Orthopedic Associates of Northern California

Name of patient (please print)

Guardian if patient is a minor (please print)

Patient or if under 18 Guardian Signature

Date