

## **Blue Ridge Bone & Joint Clinic, P.A.**

### ***Office Policies***

---

Thank you for choosing us as your orthopaedic provider. We are committed to your treatment and well being. In order to make your visit as pleasant and productive as possible, please review our office policies, which we require you read and sign prior to any treatment.

- Complete the Patient Information worksheet and Medical History prior to your arrival.
- If applicable, bring your insurance card.
- Bring all medical records, current medications, x-rays, MRI's, CAT scans, and/or other tests related to your visit.
- If your insurance company requires a pre-authorization for this visit, you must obtain the authorization form and present it at your time of visit.
- All new patients are asked to arrive 15 minutes prior to the scheduled appointment time.

### ***Prescriptions and Refills***

Prescriptions and refills are only issued during regular office hours before 4:00 p.m. Pain medications are not refilled after hours. When you call for refills, please have your medicine bottle available so we can obtain accurate information from you.

### ***Fees, Payment Policy, and Insurance***

We will gladly file any insurance that you notify us of having. We do ask however, that at the time of your appointment, you pay any required co-pay or deductible that you have not met, or the percentage of our fee that your insurance will not cover. It is your responsibility to provide any necessary authorizations and/or primary care physician referrals. If you do not bring this information with you, your appointment may be rescheduled. Remember, this is your insurance plan; it is your responsibility to comply with the plans specific requirements.

### ***Medicaid***

Medicaid patients must present a current Medicaid card and be prepared to pay any applicable co-payments. If you do not bring your current Medicaid card and applicable co-payment, your appointment will be rescheduled.

### ***Worker's Compensation***

If you are involved in a worker's compensation case, you must bring a written acceptance of financial responsibility from your employer. Also, complete employer and worker's compensation insurance information must be provided. This includes in both cases: Name of employer/carrier, address, telephone number, fax number, and the name of a contact person. Without proper worker's compensation approval, your appointment will be rescheduled.

***-Continued on back-***

### ***Liability and Litigation***

A liability action against someone else is not a reason for delaying payment of your bill. Payment is the responsibility of the individual who receives treatment, not the individual being sued. For this reason, as well as the fact that lawsuits are often delayed for many months or even years, we ask for payment in full at the time of service.

### ***Usual and Customary Rates***

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### ***Minor Patients***

A parent or guardian must accompany a patient under the age of 18 and are responsible for consent of treatment and full payment. Unaccompanied minors will not be treated.

### ***Disability/Finance Forms***

Please leave any forms to be completed at the front desk. If the form is for loan or finance purposes, there will be a processing fee. It takes 5-8 days for any and all forms to be completed.

### ***Financial Data***

I hereby authorize Blue Ridge Bone and Joint to collect financial information arising from my treatment. This includes, but is not limited to, hospital, physical therapy, radiological and home health services.

### ***Conclusion***

Regardless of your insurance coverage, final financial responsibility rests with the patient. We recommend checking with your insurance company for specific requirements in order to obtain maximum benefits. Some insurance companies require second opinions and most require pre-certification for surgery, however this does not guarantee payment. Another equally important question for your insurance provider is whether fees for physician assistants used during surgery are covered expenses.

Please discuss your insurance coverage with us in advance of your appointment. This will allow us to arrange a treatment plan that will meet the requirements of your coverage and keep your out of pocket expenses to a minimum.

---

***Signature of Patient or Responsible Party***

---

***Date***