

ORTHOPEDIC GROUP OF BIRMINGHAM

Mark A. Elkus, M.D.

Thank you for choosing Orthopedic Group of Birmingham as your provider. It is our goal to provide you the highest quality of care and service. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment.

We will make every effort to work with you and your insurance company to maximize your health care benefits. We accept assignment of benefits from many insurance plans however; it is the patient's responsibility to verify that we accept payment from your insurance plan. Please bring your insurance identification card to each appointment. Our patient registration will verify the coverage on file each visit.

CO-PAYS: All co-pays are due at the time of registration and will be collected at back check out desk. If you are unable to pay at time of service then your appointment will need to be rescheduled.

DEDUCTIBLES/CO-INSURANCE: Any deductible or co-insurance amounts will be collected at the time of service. As a patient, you are expected to pay any patient due balances at each appointment.

NON-COVERED SERVICES: Charges considered non-covered or not medically necessary by your insurance will be your responsibility and payable at the time of service. There may be certain services that Dr. Elkus feel are necessary for maintenance of good health that are not covered by your insurance contract.

INSURANCE CLAIMS: Patients will become responsible for any charges if the insurance information given to our office at the time of service does not result in payment within 30 days. It is your responsibility to immediately inform us of any changes in your insurance coverage or carrier.

COLLECTIONS: If your account becomes delinquent with our office, our billing department will make several attempts to secure the balance in full. If the attempt to secure the balance fails, we will forward your account to an outside collection agency. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 30% of the debt, and all costs, and expenses, including reasonable attorneys' fees, OGB may incur in such collection efforts.

APPOINTMENTS: Our office will call approximately two business days prior to your appointment date to remind you of the appointment. It is the patient's responsibility to remember the appointment and to supply this office with a 24 hour notice if you must cancel. Our office will extend a \$25.00 service charge for all missed appointments.

RETURNED CHECKS: There will be a \$35.00 charge for any check returned to our office. Cash, Money Order or Credit Card must then pay the balance.

FORMS: There is a \$25.00 charge for most forms completed, if there is an additional charge you will be notified in advance of completing, (i.e. FMLA, Disability).

FINANCIAL RESPONSIBILITY: I hereby assign to Orthopedic Group of Birmingham all payments for medical services rendered. I understand that I am responsible for any amount not covered by insurance. The undersigned agrees to be totally responsible for all charges for services rendered to the patient, including any non-covered charges. The undersigned also agrees that if the unpaid account is referred to any collection agency, the undersigned agree to reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 30% of the debt, and all costs and expenses, including reasonable attorneys' fees, OGB may incur in such collection efforts, are the responsibility of the undersigned.

Signature

Date