

PATIENT FINANCIAL POLICY

Orthopedic Specialists of North Texas, LLP (OSNT) wants to thank you for choosing our practice for your orthopedic needs. Your clear understanding of our Financial Policy is important to our professional relationship. Please contact our office if you have any questions or concerns.

It is the patients' responsibility to provide their most current insurance card(s) and/or referrals at each visit. If you fail to provide your current insurance information, it may be necessary to reschedule your appointment. Payment for any co-pay, deductible, or co-insurance is expected at the time of service. If your insurance denies coverage, or does not pay for certain services, you will be financially responsible for these fees. This office will only file claims to insurance companies that we are contracted/participating providers. I understand that I am financially responsible for all charges whether or not paid by said insurance. If you are not covered under any insurance plan, you will be accepted as a "self-pay" and payment in full is due at time of service, unless other arrangements have been made prior to service. (Any payments made via credit card that result in a refund, a 3% charge will be incurred against the refund amount before refund will be issued.)

Co-Payments/Co-Insurance/Deductibles: Your insurance plan determines your co-pay/co-insurance/deductible and they require that we collect these at the time of service. Please be prepared to pay the Co-Pay/Co-Insurance/Deductible at each visit.

Self-Pay: You will be considered a self-pay if you have no insurance coverage. Payment in full is due at time of service, unless other arrangements have been made prior to service.

Referrals: If your insurance plan requires a referral from your Primary Care Physician, **it is the patient's responsibility to obtain your referral prior to your appointment** and to have it with you at the time of your appointment. If you do not have the referral, **you may be required to reschedule your appointment.**

Automobile Accident/Personal Injury Claim: OSNT does not get involved in any third party liability. Patients shall be financially responsible for medical services related to Motor Vehicle's and Personal Injury Claim. It is the responsibility of the patient to notify OSNT if this is a MVA or Personal Injury Claim.

Disability/FMLA/Insurance Forms: Each form requires a pre-payment of \$20.00 before the form(s) will be completed. Please allow 7-10 business days for them to be completed. You will need to complete the OSNT Disability/FMLA/Insurance Form and any sections that are required for the patient to complete and sign before OSNT will complete these forms.

Returned Check Fee: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being charged a \$25.00 fee per check returned.

WE ACCEPT CASH, CHECK, MASTERCARD, VISA, DISCOVER, AND AMERICAN EXPRESS.

I understand that if I do not make payment for services owed, OSNT will take all necessary and appropriate action to collect any money due on my account, but not limited to the use of collection agencies, or attorneys. I will be responsible for any and all fees associated with these collection efforts. I have read and fully understand the Financial Policy of Orthopedic Specialists of North Texas, LLP

Patient/Guardian Printed Name

Patient/Guardian Signature

Date Signed

****OSNT reserves the right to make changes at any time.****