

New Patient Information

As a courtesy, Bone & Joint Specialists, P.C. will bill your insurance company for you. If, after 90 days, your insurance company has not paid, you will be responsible for the bill.

There will be a \$5 “no-show” fee added to your account for any appointment not cancelled within 24 hours.

Deductibles and Co-payments

Deductibles and co-payments are due prior to being seen by the physician. If you are having an elective surgical procedure, those deductibles and co-payments are also due prior to the surgery.

Primary and Secondary Policies

If both you and your spouse have insurance coverage, the patient’s policy is primary, and the spouse’s is secondary. If the patient is a minor, and is covered by both parent’s policies, the parent who has the earliest date of birth in the calendar year becomes the primary insurance policy holder, and the other parent becomes the secondary insurance policy holder.

Medicare Patients

If you have a supplemental policy, we will file your secondary insurance on your behalf. If you have not met your deductible for the calendar year, you will be asked to pay the Medicare approved amount for the service rendered to you at the time of your visit.

Other Health Plans

If you do not have insurance coverage under a plan for which Paul R. Goldhagen, M.D. is a provider, we will provide you with the necessary information for you to file on your own behalf. In such a case, payment in full will be required at the time of your visit. If surgery is planned, we will file insurance on your behalf, and you will be required to pay only the amount not covered by your insurance policy.

Patients Without Insurance

If you do not have insurance coverage, you will be asked to pay in full at the time of your initial visit. If you have been treated in the hospital or emergency room and/or surgery has been performed, a payment plan may be arranged.

Insurance Authorization and Assignment

Financial Obligations

I request that payment of authorized Medicare/Medicaid and/or other insurance company benefits and/or reimbursement(s) furnished to me by that physician/supplier/office.

I authorize any holder of medical information concerning myself to release to the Health Care Financing Administration (HCFA) and its agent(s) any information needed to determine these benefits or the benefits payable for related services.

I understand that my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If item number nine (9) of the HCFA-1500 claim form is completed, my signature authorized releasing of the information to the insurer of the agency shown.

In Medicare “assigned” cases, the physician and/or supplier agrees to accept the charge determination of Medicare as the full charge and the patient is responsible only for the deductible, co-insurance, and for any non-covered services. The co-insurance and the deductible are based upon the charge determination of Medicare.

I acknowledge that I am financially responsible for any and all charges that are deemed “non-covered” by my insurance plan, Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Medicare Part B, or Medicare HMO plans.

I am aware that Bone & Joint Specialists, P.C. will implement a 1.5% finance charge per month (18% per year) on accounts more than sixty days past due. I understand that failure to fulfill my financial obligations will result in referral to a collection agency, or in legal proceedings, and that I will be held responsible for litigation costs. In the event that your account is referred to a collection agency or an attorney, 15% will be added to your account.

SIGNATURE: _____

DATE: _____