



**PREMIER ORTHOPAEDIC AND SPORTS MEDICINE ASSOCIATES, LTD.
PATIENT FINANCIAL POLICY**

Premier Orthopaedic and Sports Medicine Associates., Ltd. ("Premier") appreciates the confidence you have shown in choosing us to provide for your rehabilitation needs. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Premier participates with a variety of insurance plans. However, it is your responsibility to:
 1. Bring your insurance information at the time of your visit.
 2. Pay any co-payment, deductible, or coinsurance responsibilities at the time of the service or upon billing. For your convenience we accept cash, checks or credit cards (i.e.; VISA and Mastercard)
- As a courtesy, we will verify your primary insurance carrier and file a claim with your insurance, for services rendered. If any amounts are denied or unpaid, they will be billed to you. Since the relationship is between you, the subscriber, and your insurance carrier, you will be responsible for obtaining payment after that point. Payment of any outstanding amount will be expected from you.
- If you have insurance with which we do not participate, our office is happy to file the claim upon request, however, payment in full is expected at the time of service.
- If you elect to continue receiving services from Premier past the time period that your insurance approves such therapy, you will be responsible for payment of those fees.
- Referrals: It is your responsibility to obtain/secure any required referrals/authorization numbers at, or prior to your exam. If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
- Our facility attempts to accommodate patients' appointments by scheduling at their convenience, but requests that you give us at least 24 hours' advance notice if you are cancelling an appointment. Premier reserves the right to charge a fee of \$25.00 for any missed appointments ("No-Show") and appointments which are not cancelled with 24 hours' advance notice. Generally, No-Show fees are not covered by insurance and it will be your responsibility to pay such fees prior to your next appointment.
- If you have any questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (the contact information is generally found on your insurance card) or your employer's human resource department.

Premier firmly believes that good patient relationships are based upon understanding and good communication. By signing below, you agree: (1) that you have read the above policy regarding financial responsibility; (2) to your responsibility under the policy; (3) authorize and direct Premier to furnish any and all information and record of treatment and services rendered to you related to a claim to your primary insurance carrier.

Patient Name: _____

Patient Signature: _____

Date: _____

Patient's Representative: _____

Date: _____

(If patient is a minor or if authorized by patient)