

# Statement of Financial Responsibility

Thank you for allowing MCO to be part of your orthopaedic care. The following information will help you understand your financial responsibilities.

## Contracted PPO's

Co-pays are required whenever seen by a physician and are due at the time of service.

## Contracted HMO/EPO/POS

Most of these plans require a referral from your primary care physician and also mandate that you have the referral at the time of the appointment. Without a referral, you will be responsible for all charges at the time of service. If you have your referral with you or your plan does not require a referral; your designated co-pay is your only responsibility at the time of service.

## Indemnity Insurance/Out of Network Plans

As a courtesy, we will submit claims to your insurance carrier for you, provided that you make available correct insurance information. We require both the deductible and 20% of the billed charges at the time services are rendered.

## Worker's Compensation

At the time of your appointment, we require employer's verification that injuries are work related as well as all necessary billing information. These two conditions must be met in order to file a claim with any workers' compensation carrier. Please remember that it is ultimately your financial responsibility for all services if your employer eventually denies your claim.

## Medicare

Our practice accepts Medicare assignment. Your financial responsibility will include 20% of the Medicare allowable, annual deductible, and non-covered charges. We will submit all portions of your financial responsibility to your secondary insurance carrier, as long as you provide us with appropriate secondary insurance information.

## Motor Vehicle Accidents

For any motor vehicle accidents, automobile insurance must be submitted as primary. Our office submits to the med-pay portion of the auto policy. Once the auto med-pay is exhausted, we will gladly submit to your health insurance as a secondary carrier, as long as you provide us with all necessary billing information.

## Self Pay

Payment is due at the time service is rendered. For your convenience, we accept cash, checks, money orders, Visa, MasterCard or Discover.

## For all personal balances, MCO will . . .

- Extend an interest-free loan for up to 45 days
- After 45 days, the delinquent account is subject to interest, which accrues daily @ an annual rate of 9% of the unpaid balance.
- After 90 days, the delinquent account is forwarded to our Collection Agency.

It is your responsibility to follow the specific instructions of your particular insurance plan. Furthermore, you are responsible for payment of your account, not your insurance company. In cases of divorce, the parent who brings the child in for treatment will be responsible for payment and collection from all other parties.

In the event the account must be referred to collection, I agree to be responsible for the costs of collection, including reasonable attorney fees, if any.

A representative from our financial department is always available to assist you.

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Signed Patient, or (Parent if Minor)

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Date