

# 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...

- You will receive an invoice at each visit which denotes fees and/or payments.
- Payment in full is required at time of service; this includes any outstanding personal balances at time of service.
- MCO ***does not*** have access to your insurance policies specific coverage, benefits, limitations, provisions and/or exclusions. For this information you may contact your insurance company directly or your employer's human resource department. Your insurance company will provide you with an explanation or summary of benefits after each visit which itemizes your financial responsibility to MCO. Please remit payment to MCO within 10 days of receipt of the explanation or summary of benefits.
- MCO will issue one statement. If it becomes necessary to issue additional statements due to nonpayment a thirty-five dollar rebilling fee will be assessed to your account.
- In cases of divorce or separation, the party responsible for the account is the parent authorizing treatment of the child.
- A representative from our financial department is always available to assist you with questions or concerns.

## 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.

I am responsible for payment of this account. In the event this account must be referred to collection, I agree to be responsible for the costs of collection, including reasonable attorney fees, if any. I have read and understand the *Statement of Financial Responsibility* and agree to abide by its guidelines:

---

Signed Patient, or (Parent if Minor)

---

Date