



MRN _____

Kansas Orthopaedic Center Patient Financial Policy

Thank you for choosing Kansas Orthopaedic Center, PA as your health care provider. We are providing you this policy so you have a clear understanding of our Patient Financial Policy. Please ask if you have any questions regarding our fees, policies or your responsibilities and a Patient Account Representative will be able to assist you. You will need to read and sign this form before your visit. Kansas Orthopaedic Center, PA is committed to providing quality care for our patients and our charges are what are usual and customary for our area.

It is the patient's responsibility to provide the clinic with current insurance information. We will ask for your insurance card at your first visit. We may request another copy of your insurance card at another visit to update your records, so please have your insurance card every time you come to our office. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided, by you to the clinic. If you fail to provide this information and timely filing expires you will be responsible for the outstanding balance. If insurance has not paid your account in full within ninety (90) days, the balance may become your responsibility. If a problem occurs with your claim you will be asked to contact your insurance company to help resolve the problem. You will also be expected to make monthly payments on your account until the balance is paid in full.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments and non-covered charges. We will supply information as needed. If insurance information is requested you must comply within timely filing guidelines per insurance. Failure to do so will result in personal responsibility of the bill for services provided.

You are ultimately responsible for the timely payment of your account. You will receive a monthly statement for services which is due upon receipt. We accept Visa, MasterCard, Discover, cash or check. If a check is returned from the bank a \$20.00 service charge will be applied to your account.

If you are unable to pay the balance in full you will need to contact a Patient Account Representative to discuss your options. We do offer payment plans for up to a 6 month time frame. If you are experiencing a set of circumstances out of your control, please call 316-838-2020 and we will be happy to discuss your options.

No Show Fees: Patients scheduled for EMG, MRI or therapy services that no show for their appointments may be required to pay a \$25 no show fee. 24 hour notice should be given on all cancellations.

Cash Pay Patients: We make every effort to provide a Good Faith Estimate for non-emergent patients scheduled at least three days out. Good Faith Estimates show the costs of items and services that are reasonably expected for your health care needs based on information we know at the time. We make every effort to notify you of all charges for services provided and collect payment for these services, but you could be charged more if complications or special circumstances occur. We will bill you for services marked on your encounter form at the time of service when you check out and you will be required to pay at that time. If we find following your appointment that additional services were provided, you will still be required to pay for those services and we will bill you accordingly. In the event insurance is obtained, you have 30 days from signed agreement to provide applicable information to KOC to file claims. Failure to do so will result in personal responsibility of the bill for services provided.

Collection Balances: Unpaid balances will be forwarded to our collection agency. Once this balance has been referred to the collection agency you must work directly with them to satisfy your debt. If you return to our office for services, you will be required to pay in full prior to receiving any future services.

You may also receive a bill from:

- Surgery Center of Kansas
- Kansas Spine Anesthesia Corporation (KSA)

I have read the Kansas Orthopaedic Center, PA financial policy. I understand and agree to this policy.

Signature of Patient or Responsible Party

Date

Updated 2/2022