



FINANCIAL POLICY

Thank you for choosing SportsMed-Wheaton Orthopaedics as your health care provider. **Bring your current insurance card to every visit.**

We urge you to review our Financial Policy thoroughly so you will be aware of **your** financial responsibility for the care you receive at our facilities. We encourage open communication about all matters related to your care, so do not hesitate to ask our staff any questions regarding this policy prior to your treatment. **We can be reached at (630) 665-9155.**

Billing and Insurance Procedures:

Self Pay: If you have no insurance, full payment is due at the time of service unless an alternative financial agreement has been made with our Patient Accounts Representative. For your convenience we accept Visa, MasterCard, Discover and American Express, as well as cash and checks.

Contracted Insurance Plans: We will submit all claims on your behalf to your insurance carrier. **Co-payments which are required by your plan will be collected at the time of service.** Claims rejected by your plan due to non-covered benefits (see your policy for details) will be billed to you and payment is expected within 30 days. **HMOs require a referral.** If you do not present a referral from your primary care physician at the time of service, full payment by the patient will be required or we will need to reschedule your appointment.

Non-Contracted Insurance Plans: We require a \$150 payment at the time of service. Any charges not paid by your insurance company, regardless of the reason, will be billed to you.

Medicare: Our physicians are participating Medicare providers. Patients are responsible for the annual deductible and 20% of the approved Medicare amount before benefits are payable. Payment is not required at the time of service. If you have a secondary insurance to Medicare and you have given us the required information for your secondary plan, we will bill the carrier for you. Any deductible, non-covered or co-insurance portions will be billed to you.

Medicaid: **SportsMed-Wheaton Orthopaedics is currently not accepting new Medicaid patients.** Full payment is required at the time of service for patients meeting a State-required spend-down. Any required Medicaid co-pays will be collected at the time of service. We are Illinois-Medicaid providers only; therefore, if you are covered by a Medicaid-type plan through another state, you are responsible for payment at the time of service. If you have other insurance in addition to Medicaid, please make sure you notify us at the time of service, as any other insurance must be billed prior to Medicaid.

Tricare: You are responsible for obtaining any referral forms that are needed. Any deductible, non-covered or co-insurance portion will be billed to you after we have billed your insurance carrier.

Work-Related (Workers Compensation) Injuries: We will contact your Worker's Comp carrier to obtain authorization for your injury. If we do not receive authorization prior to your appointment, we will bill your medical insurance carrier. Any disputed, denied or unpaid claims will become the your responsibility under the terms of this agreement.

Third Party Liability (Auto Accidents, etc.): We do NOT accept third party insurance.

Miscellaneous Charges: Due to the materials and staff time involved, fees are charged for certain services (e.g. copies of medical records, copies of x-rays, narrative reports by the physician, medical testimony for depositions and/or trials). Please ask the staff for further information if you require these services. Also, please be aware **there is a \$30 fee for a check which is returned for any reason.**

Monthly Statements: Regardless of the type of claims pending, as long as there is an open balance on your account, a statement will be sent to you. Please review it carefully and contact us if you have any questions. Payment is due within 30 days of receipt of statement.

Making Payments: Please do not send cash through the mail. Include the designated portion of your monthly statement with your payment. It is recommended that you write your account number on your check. You may call our Patient Accounts Representative to make payment over the phone with a credit card (Visa, MasterCard, American Express, Discover) at **630-285-1530.**

Past Due Accounts: If you are experiencing financial difficulty, we encourage you to contact us regarding a payment plan. **You will be required to sign a payment plan agreement (12 month maximum).** In cases where an account is seriously past-due or the patient has shown an unwillingness to make reasonable payments, the account will be referred to collections. In the event that legal action is necessary, you will be responsible for the cost of collection and reasonable legal fees related to your past due account. **If payment is not received, we reserve the right to refuse future appointments on delinquent accounts.**

I understand that I, as the recipient of medical care, am ultimately responsible for all charges regardless of my circumstances for reimbursement.

I further understand that it is my responsibility to know the terms of my insurance coverage, and to obtain any necessary referral forms.

I also understand that it is my responsibility to supply, to the best of my knowledge and ability, any information requested in order to initiate, support and expedite the claims/billing process. Insurance companies often request additional information from the patients prior to paying your claim. If you receive a request for additional information from your insurance carrier, please respond promptly!

Note: Your signature on the Wheaton Orthopaedics Ltd. Consent Form acknowledges receipt and acceptance to this Financial Policy.