1. **Insurance / Proof of Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. Please contact your insurance company with any questions you may have regarding your coverage. All patients must provide their insurance card(s) to the Patient Service Representative at the time of check-in.

2. **Referrals, Co-payments and Deductibles.** Referrals must be presented at the time of service. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. You appointment will be rescheduled if any of these items are not available at time of service. **A receipt will be provided for all payments at the check-out desk.**

3. **Non-Covered Services.** Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers.

4. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If you fail to provide us with the correct insurance information or notify us of changes in insurance in a timely manner, you may be responsible for the balance of a claim.

5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

6. **Prescription Refills/Renewals.** Please do not wait until your prescription runs out or has expired. Allow **72 hours notice** to review your refill or renewal request. Refill and/or renewal requests will only be processed **Monday through Friday** during normal business hours. Controlled drug substance (narcotic) prescriptions must be picked up in the office in which you are seen and will not be refilled after hours, on weekends or by the On-Call Physician.

7. **Appointments.** We greatly appreciate you allowing us to provide you with the best orthopaedic care possible. Our physicians and staff know your time is important and we hope you understand the value of our time. We want to be able to provide every patient with all the attention they require. Therefore, if you are not on time for your appointment and are late 15 minutes or more, it may be necessary to reschedule for another day. Please provide us with 24 hour notice if you will not be able to maintain your appointment.

    **I have read and understand the above and agree to abide by its guidelines.** A copy will be provided to you upon request.

    **Signature of patient or responsible party**   **Date**

Please let us know if you have any questions or concerns.