

## FINANCIAL POLICY

We are happy that you have selected Sutton Orthopaedics & Sports Medicine, P.C. for your healthcare needs and we look forward to working with you. To help you understand your financial responsibilities in relation to your medical care, we would like to briefly outline our financial policies.

**Copays, coinsurance and deductibles are due at the time of service as well as any charges for which the insurance does not cover.**

**Medicare:** The office will bill the Medicare intermediary. Patients are responsible for the following: Annual deductible, 20% of the allowed charges, and any non covered services.

**Medicare Supplemental:** We will bill your Medicare supplement provided it is a plan we participate with.

**Medicaid/Amerigroup:** Medicaid patients are responsible for copay and non covered services.

**HMO'S and PPO's:** Patients are responsible for payment of any copays, coinsurance and deductibles, at the time of service.

**Self Pay:** Patients are responsible for payment in full at the time of service.

**Workers' compensation:** Patients are not responsible for charges unless the case is controverted or closed.

**Personal Injury/Motor Vehicle Accidents:** The patient is considered a self pay. We do not get involved in third party claims of any kind.

Claims that are **NOT PAID** by insurance for any reason are the responsibility of the patient or guardian. If your injury is the result of an accident, you must call your insurance company and give them the accident details. They may not pay for the services until you call.

**No Show Fee:** \$25.00

If your account carries a patient due balance for 90 days or longer you will be charged a 30% late penalty. If your account is turned over to collections you will also be charged 30% of the balance.

I understand the above policy and acknowledge that I am financially responsible for services rendered. I further understand that insurance is a contract between the insured and the carrier. Sutton Orthopaedics & Sports Medicine, P.C. is unable to negotiate on behalf of the patient.

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Signature/guardian if minor

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Date