BARRINGTON
Orthopedic Specialists
Specializing in You

PATIENT FINANCIAL POLICY

As health care providers we are committed to providing our patients with the best medical care possible. As a business, we are committed to providing a streamlined fiscal process that allows our patients to clearly understand their financial responsibility. Our Business Office is available to assist you if you have any questions at the following number 847-285-4230.

Identification

Current insurance card and photo identification must be presented. If you cannot present a valid insurance card at time of service, you will have to proceed self-pay.

Due to frequent changes in insurance plans and the benefits offered under those plans, our staff is required to review and update your primary and secondary insurance information monthly. If the current insurance is unverifiable, we will move forward with self-pay fees. **Failure to provide current and up to date insurance information or failure to respond to insurance requests in a timely manner will result in the patient being responsible for services rendered**.

Health Insurance

Co-Payments

- Insurance companies require that co-payments are collected prior to services rendered.
- If you are unable to pay your co-pay at the time of service your appointment will be rescheduled.
- Co-pay's may vary dependent upon services provided.

Co-Insurance

- Coinsurance and deductible amounts are patient responsibility.

Deductibles

- Coinsurance and deductible amounts are patient responsibility.
- $200 deposit will be collected at each appointment for new patient/ new condition until the deductible has been satisfied.
- $100 deposit will be collected at each appointment for all follow-up appointments until the deductible has been satisfied.
- If a medical procedure is required, you will need to pay a deposit for any outstanding deductible and/or co-insurance.

Managing your Insurance

- Patients are responsible for knowing the rules of their insurance policy (i.e. precertification, Durable Medical equipment and supplies, injections, and Rehabilitation) this may not be an all-inclusive list. In the event of payment denial due to your noncompliance the balance will be your responsibility.
- Barrington Orthopedic Specialists requires a $200 deposit for all out of network plans at each office visit.
- We recommend contacting your insurance company prior to any service so you may understand your allowable benefits.
- You are responsible for managing your insurance.

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- As insurance companies use disclaimers when providing benefits to us, Barrington Orthopedic Specialists is not responsible for any inaccurate or undisclosed information from your insurance company. This includes **Pre- certification** of services required.

Referrals

- If your insurance company requires a referral and/or authorization, you are responsible to have your Primary Care Physician send a referral to our office **prior** to your appointment. If you do not have a current valid referral, you have the option of rescheduling your appointment or paying for the visit at the time of service. Referrals cannot be backdated for services already rendered. Patients will be responsible for any denials related to no authorization or referrals on file.

Medicare

- **Patients are responsible for non-covered Medicare services.** Certain services may require the patient to sign an Advanced Beneficiary Notice.

Medicaid/All Kids

- Barrington Orthopedic Specialists will only accept Medicaid as a primary insurance when it is related to outside contractual obligations.

Self-Pay

- A deposit of $300.00 is required for initial services, $200.00 deposit and balance due is required at all follow up visits.
- Rehab patients are required to pay for services rendered at the time of service.
- Ancillary Services may require payment at the time services are rendered.

Credit Card on File Requirement

- To help manage patient balances as well as to make payment more convenient for you, Barrington Orthopedic Specialists requires each of our patients to maintain a securely stored credit, debit or HSA/FSA card with our office.
    - This card will be used to pay future balances or copays.
    - Your card will be encrypted and not stored onsite.
    - The card agreement will be valid for 1 year.
    - An e-mail will be sent to you 5 days before your card is charged after insurance process the claim.
    - You may cancel your agreement at any time.
    - To dispute any charges, contact our customer service team at 847-285-4230.

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Statements/Payments

Statements

- Balances are due upon receipt of your statement.
- Any account which is 90 days delinquent will be referred to our collection agency and collection methods legally available to us will be instituted. The patient or the patient's guarantor is financially responsible for all costs associated with placement to an outside agency.

Collection Balances

- In addition to the principle amount owed any balance that is turned over to our collection agency will be responsible for an additional 25% which may include, but is not limited to, filing fees, court costs, collection agency fees and/or attorney fees.

Due to contractual obligations with insurance companies Barrington Orthopedic Specialists does not negotiate discounts on Deductible, Coinsurance, or Co-payments

Payment Methods

- We accept all major credit cards, debit cards, checks, money orders, cash, Electronic check transactions, Care Credit, HSA, and FSA Cards.

Returned Check Fees- a fee of $50 will be charged for all returned checks

Medical Products and Supplies

- Medical products and supplies dispensed to patients are non-refundable and non-returnable.

Workers' Compensation

- Patients shall be financially responsible for medical services related to Workers' Compensation.
- Patients shall supply Workers' Compensation contact information prior to services being rendered.
- Barrington Orthopedic Specialists will require your health insurance information in the event your Workers' Compensation claim is denied.

Motor Vehicle/Third Party Liability

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- Patients shall be financially responsible for medical services related to motor vehicle accidents and third party liability cases
- Before accepting your accident case you will be required to sign the lien disclosure document which outlines how billing will be handled.
- Patients shall supply auto insurance, third party, health insurance, and/or attorney information as request by Barrington Orthopedic Specialists.
- Barrington Orthopedic Specialists reserves the right bill your health insurance for any third party liability case

Lien Policy

Barrington Orthopedic Specialists will assess your account to determine who to bill. We will initially bill to your automobile insurance or Medpay. If the 3rd party is pursued then the recovery from the third party will be the primary payer and final reimbursement is governed by the Illinois Health Care Services Lien Act, 770 ILCS 23, et. seq (the "Lien Act"). We will not bill the health insurance and will refund any money received by them. We will recover the full amount of it's customary and reasonable charges from the third party, pursuant to the Illinois Lien Act.

If we bill the health insurance, then all co-pays, deductible amounts, and co-insurance are the responsibility of the guarantor pursuant to the applicable health plan. The Physicians Lien will only be released after the balance is paid in full.

Cancellation/ No-show Policy

- If you need to cancel your appointment, please call us at least 24 hours in advance. We appreciate as much notice as possible.
    - Patients with three cancellations and/or no-shows cannot schedule future appointments unless deemed medically necessary.
    - Patients are subject to a cancellation and/or no-show charge.

I hereby assign, to Barrington Orthopedic Specialists, payment of medial reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefits. This authorization shall remain valid until written notice is given by me revoking the said authorization. **I understand I am financially responsible for ALL charges whether or not they are covered by my Health Insurance, Medicare, Medicaid/All Kids as well as any deductible, co-payments or co-insurance.**

Printed Name: _____

Signature: _____

Date: _____

PSR Initials: _____