

Prairie Orthopaedic & Plastic Surgery, PC (POPS)
Financial Policy, Statement of Responsibility and Other Acknowledgements

Insurance filing: You are responsible for verifying if providers are in-network with your insurance company. We will submit medical claims to your insurance company. Your insurance policy is a contract between you and your insurance company.

Deductibles, Coinsurance and Co-Payment amounts are established by your health insurance plan and are due at the time of service. Any remaining balance after the processing of the claim is the patient's responsibility.

Surgery: Arrangements will need to be made to meet your financial responsibilities prior to your surgery. Our financial/surgery coordinator will verify your eligibility and benefits with your insurance plan. **A prepayment of the estimated out-of-pocket expenses, as specified by your insurance plan, will be required one week prior to your surgery.** Should you cancel your scheduled surgery; a \$50 nonrefundable eligibility verification fee will be retained.

Liability and Auto Accidents: We will file any insurance claims for services related to an auto or third party liability. Additionally, we may be required to submit claims to your health insurance and will need your insurance information prior to treatment.

Patients who fail to provide insurance information are directly responsible for payment of their account. By signing below you agree to assign all benefit dollars to POPS for services provided.

Worker's Compensation: If your injury is work-related, we will need the case number, carrier name and information prior to your visit in order to bill the worker's compensation insurance company or your employer. The patient is ultimately responsible for all professional fees if a worker's compensation claim is denied.

Liens: Liens may be placed on accounts related to auto accidents, liability or denied worker's compensation with attorney coverage. The lien will be placed on the person causing the accident, the patient's attorney, the patient, the attorney of the person causing the injury (if known) and the insurance company. We **MAY** choose to not accept health insurance payments or take contractual adjustments unless required to do so by your personal health insurance carrier.

Self Pay Accounts: Payment is due at the time of service. If surgery is recommended, we expect payment in full one week prior to the procedure.

Forms: There will be a charge for the completion of medical forms filled out by your provider and/or staff, \$15 /Disability forms. Please allow 7-10 days for the completion of these forms. If you would like the forms mailed to you or your insurance company, payment will be due prior to mailing of the forms.

Divorce: The parent signing this Financial Policy and Statement of Responsibility is responsible for any and all payments for services. Any legal agreement, or other disagreement, between two parties in a divorce must be dealt with between those parties and does not involve POPS.

Medical Records: POPS may transfer copies of your medical record, or portions thereof, to you or a third party, including but not limited to your personal representative, your health insurance carrier, attorneys, physicians involved with your care, your workers compensation carrier, and/or liability carriers. **The minimum charge to copy records is \$0.50 per page plus a handling fee and any applicable sales tax.**

Payment: WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER AND CARE CREDIT. Interest at 18% APR will be charged on balances **60** days or older. If your check is returned due to insufficient funds, a **\$30 returned check fee** will be added to your account balance. An account representative can be reached at **402-328-8833**.

Delinquency: Accounts will be considered delinquent if not paid in full within 60 days of initial billing or if acceptable payment arrangements have not been made and will be considered for collection or legal action. In the event of nonpayment, you are responsible to pay the cost of collection and/or court costs and reasonable fees should they be required.

Medical Consent: By signing below you hereby request and consent to medical care including all examinations, tests, and other procedures which the health care providers of Prairie Orthopaedic & Plastic Surgery, PC and such assistants and staff may deem necessary or appropriate. You are aware that the practice of medicine is not an exact science, and acknowledge that no guarantees have been made to you as a result of treatment or procedures performed.

Consent to Contact: By signing below you hereby consent to receive communications from POPS staff or contractors, including collection agents to any landline, cell number, or email address provided. This information may be used to contact you live, via voicemail, text, email, by pre-recorded message, or auto-dialer in regards to appointments, treatment, marketed services or billing/collection services.

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Assignment of Benefits: I have read and agree to the terms and conditions on the financial policy and I hereby authorize the release of any medical information necessary to process my health insurance claim. I assign all benefit proceeds for services rendered by POPS including health insurance, worker's compensation, third party liability, and other benefit proceeds and request payment of benefits to the provider of services. I understand I am financially responsible to POPS for charges not covered or denied by my insurance company.

Financial Agreement: I hereby certify that I have read, understand, and agree to the information set forth above.

Consent to Treat: I understand by signing this form, I am authorizing POPS to provide treatment for as long as I seek care from Prairie Orthopaedic & Plastic Surgery, PC, or until I withdraw my consent in writing.

The undersigned certifies that he or she has read the foregoing, is the patient or Responsible Party duly authorized by and on behalf of the Patient to execute this document and accept its terms.

Patient's Signature

Date

Responsible Party's Signature

For Office Use Only:

Patient was unable to sign consent because: _____

Witness

Date

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Detailed Payment Information

Office Visits: Office charges will be determined by your physician following your exam today. Office charges may include: initial exam, x-rays, injections, fracture care with casting, and any supplies. Upon completion of your visit, staff will work with you to determine your portion of the bill which is payable today.

Global Periods or Fracture Care: Any patient that undergoes a surgical procedure or is in a fracture care category will be billed using a global period. This means that for 90 days (10 days for Medicaid recipients) following your surgery all follow-up care with the physician is already covered. This does **not** include further needed x-rays, supplies, therapy or injections.

Surgery: Since you (or your employer) have chosen an insurance carrier with particular benefits and because insurance coverage is a complicated business with no fixed rules, please check with your insurance carrier in regard to the specifics of your proposed surgery. Also, please note that the hospital bill is not something we can control, so please direct any questions regarding the specifics of the hospital, lab and anesthesia bill to the hospital billing office where your surgery was or will be performed.

Arthroscopic operations and total joint replacements are complex and require a trained surgical team. Dr. Hurlbut, Dr. Machado and Dr. Krejci work with fully trained physician assistants who assist them during the operation. You will receive a bill for their services as well.

Our Financial or Surgery Coordinator will verify your eligibility and benefits and work with you to determine your out-of-pocket expense for your particular surgery. Financial arrangements will need to be made to meet your financial responsibilities prior to your surgery. Should you decide to cancel a scheduled surgery; a nonrefundable \$50 eligibility verification fee will be retained.

Frequently Asked Questions

What is a co-pay? Typically, the co-pay is a set amount the consumer will pay to see a physician. For example, an office visit to your physician might have a co-pay of \$30; Dr. Hurlbut, Dr. Machado and Dr. Krejci are physician specialists so therefore your specialist co-pay would apply to your visit here, e.g., \$60. Your carrier requires that all co-pays be paid prior to any services being rendered. This co-pay requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.

What is co-insurance? Co-insurance is a percentage of the allowed cost either the insurance or consumer will pay. For example an 80/20 plan typically represents that the insurance will pay 80% of the allowed cost and the consumer is responsible for the remaining 20% of the allowed cost, after the consumer's deductible has been paid.

What is a deductible? A deductible is an annual dollar amount established by your insurance plan the consumer must pay before insurance benefits are applied. This amount is your obligation and must be paid prior to having surgery.

What are out-of-pocket expenses? All expenses not covered by insurance that you are responsible for paying for via cash, check, credit or debit.