



FINANCIAL RESPONSIBILITY POLICY

PROVIDE COMPLETE INFORMATION: The information that you provide regulates our ability to effectively bill for your care. As the patient, you are ultimately responsible for payment of your care, providing complete information is as much of a help to yourself as it is to us. We will routinely verify your current insurance plan, what we are seeing you for, and your home address. If there are changes in this information, it is important that we know. On an annual basis we will ask you to review and re-sign your financial information sheet. We do require your Social Security Number even though this may not be related to your insurance identification number. Your Social Security Number is your single most important piece of identification and we use it for that purpose. Please be assured that we will handle your personal information as carefully as we would handle our own personal information. You will want to review our Privacy Policy for full disclosure of how your personal information is used by North Shore Orthopaedics, S.C. North Shore Orthopaedics, S.C. is not responsible for errors due to missing, incomplete or out-of-date information.

IF YOU DO NOT HAVE HEALTH INSURANCE: A \$300 deposit toward treatment is required by North Shore Orthopaedics, S.C. at the first office visit or at the initial visit for a new condition or injury. A minimum payment of \$40 is required for follow-up visits. These payments do not necessarily constitute full payment for services rendered on that date. It is possible that the treatment provided will exceed these amounts. In that event, subsequent arrangements for full payment must be made with our business department. Prior to scheduling of elective surgical procedures or some diagnostic tests, one half down payment of our fees are required. You also must make arrangements with the facility where your surgery or testing is to be completed. North Shore Orthopaedics, S.C. reserves the right to require full payment at the time of service if payment arrangements are not met satisfactorily.

IF YOU HAVE INSURANCE AND ARE ASSIGNING BENEFITS: We will file claims for you; please present your insurance card(s) at your visit. You may not receive a statement until we have received a reply from your insurance carrier(s). Please allow sufficient time for them to process your claim. Any balance remaining after your insurance indicates that it has met its responsibility, will be billed to you. The balance shall be considered current as of the date we post your health insurance processing. We will ask you to pay your portion, if there is any, in full upon receipt of your statement. You will not be balance billed for discounts such as preferred provider discounts, non-allowed amounts or excess usual and customary amounts for insurance plans that North Shore Orthopaedics, S.C. is required to honor as a participating provider. **Non-contractual** discounts such as arbitrary above usual and customary amounts are your responsibility. It is your responsibility to pursue disagreements over benefits with your insurance carrier(s) though we will be happy to assist you where we are able.

Many insurance companies routinely contact their policyholders when they receive bills from orthopedic physicians. Traumatic injuries, such as broken bones or soft tissue injuries, can often result from accidents where a third party may be involved. Most health insurance policies contain clauses that indicate a third party is the primary payor under such circumstances. Your health insurance contract should explain your obligations with respect to third parties. Please respond as soon as possible to inquiries of this nature, as your insurance may place your bills on hold until they receive your reply.

Our office will also contact you if we receive a notice or a copy of a notice of this type from your health insurance. Please note that we are not able to reply to the insurance company on your behalf, as information of this nature is acceptable from you only.

IF YOU HAVE A PPO SAVINGS PLAN: If you have purchased access to a PPO Network in which North Shore Orthopaedics, S.C. participates, we will honor your plan. This is not an insurance policy as the PPO pays no benefits on your behalf. We will require payment of allowed fees at the time of service as is indicated in your contract with the PPO Network. Please be prepared to pay for routine office services. In the event that surgery or significant ancillary services are needed outside of our offices, you must make satisfactory payment arrangements with the ancillary service providers. Our offices reserve the right to require pre-payment for elective procedures or diagnostic testing.

CO-PAYS: North Shore Orthopaedics, S.C. requires payment at the time of service for co-pays as required by your health insurance. This is a condition of your contract with your insurance carrier. Required co-pays can not be waived or billed to you at a future date. We may be required under our contract with your insurance to reschedule your appointment if you do not have your co-pay.

WORKERS COMPENSATION CLAIMS: If you are receiving treatment for an injury or condition which may be related to your employment and you have made or will be making a claim for workers compensation benefits, your employer information is required to insure proper billing. This includes your employer's complete business name, the physical address where you work and a supervisor or human resource contact name with telephone number. Your employer should post information about their workers compensation insurance policy or self-insured status in a place where employees have access to employment information such as FMLA, Minimum Wage and MSDS forms. The name of the insurance carrier and a phone number are extremely helpful, as is your claim number if one has been assigned.

OTHER THIRD PARTY INJURIES: If you are receiving treatment relative to a motor vehicle, homeowner's, travel or other accidental injury, complete contact information for the responsible third party is required to correctly bill for your care. This includes the insurance company's name, claims address, telephone number and your claim number (if one has been assigned). Please be aware of your own health insurance policy requirements when care is required for an injury where a third party may be at fault. You still must follow the requirements indicated in your own health insurance policy in the event that issues over payment of medical services arise with the third party. Many health insurance carriers require that you submit expenses related to this type of injury to the third party before they would consider payment of your medical expenses.

PAYMENT REQUIREMENTS FOR WORKERS COMPENSATION OR OTHER THIRD PARTY CLAIMS: You are ultimately solely responsible for payment of the services that you receive. North Shore Orthopaedics, S.C. will not accept payment contingent upon possible lawsuit settlements or resolution of other disputes with third parties. While we will assist you or your legal counsel as much as we are able with your claim, we will not enter into alternative financial agreements with your counsel. Letters of Protection are not legally binding agreements and will not be accepted in lieu of payment. The practice will not bill your services to a law firm nor will it accept terms or conditions of a third party except where required by law or obligated by pre-existing contract.

REFERRALS: Authorizations for treatment, or referrals, if your specific health insurance policy requires them, must be in our office in order for us to provide care to you. You must verify that your required Primary Care Physician and/or insurance company's referral is in our office prior to your appointment. If we do not have authorization from your insurance company to provide treatment to you, you will need to reschedule your appointment allowing sufficient time for your referral to be received.

RECEIPTS: North Shore Orthopaedics, S.C. writes receipts for each and every payment made in either of our offices by cash, check or credit card. Receipts not claimed at the time of

payment are maintained in our records with their duplicate counterparts. Though our intention is to be completely accurate in our accounting, this policy guarantees that if we should make an error posting your payment, your account will still receive the credit indicated in the record.

RE-BILLING FEE: Any balance billed to you is due in full upon receipt of your statement. If you have a question regarding a balance, please contact our business department as soon as possible. If you have health insurance, we will allow sufficient time for your insurance to process your bill before billing a balance to you. Any balance indicated as your responsibility by your insurance will be considered current as of the date that we post the insurance processing. A 60-day grace period will be granted if you are unable to pay your balance in full upon receipt of your statement. Any patient balance carried beyond the 60-day grace period without evidence of an alternative payment plan, is subject to a monthly re-bill fee of \$12. North Shore Orthopaedics, S.C. may reverse the re-billing fee if it is subsequently discovered that an insurance processing error has occurred. If you have difficult financial circumstances or questions about insurance processing, we strongly encourage you to contact our business department and make alternative payment arrangements. Good faith efforts to pay an account balance shall also receive our consideration. We will be happy to answer your call and look for a mutually acceptable payment plan.

RETURNED CHECK SERVICE FEE: A service fee of \$30 will be assessed on your account for personal checks returned from our bank. Payment of the original amount and the service fee is due immediately upon notice to you.

MINORS: Individuals under 18 years of age must be accompanied by a parent or legal guardian. A parent or guardian is required by law to authorize treatment of non-emergencies. If the parents are separated and both parents are legally responsible for a minor child, provide complete information so we may bill appropriately according to your specific situation. The parent or guardian that accompanies the child to the appointment will be held wholly responsible for payment of services should any dispute over payment arise.

NO SHOWS: You will be considered a "no show" for an appointment if you do not provide advance notice of cancellation. Your physician reserves the right to terminate the physician-patient relationship for repeat failures to keep scheduled appointments. Please contact us if you are unable to keep your appointment. Keeping the schedules of our physicians full is one way that you can help to contain healthcare cost and we really do appreciate your call.

CASH, PERSONAL CHECK, VISA AND MASTERCARD ACCEPTED.
FOR OUR BUSINESS DEPARTMENT: (414) 351-3500 EXT. 302 OR
(262) 243-3100 EXT. 302