

OTHER THIRD PARTY INJURIES: If you are receiving treatment relative to a motor vehicle, homeowner's, travel or other accidental injury, *again*, complete contact information for the responsible 3rd party is required to correctly bill for your care. Please be aware of your own health insurance policy requirements when care is required for an injury where a 3rd party may be at fault. You must still follow the requirements indicated in your own health insurance policy in the event that issues over payment of medical services arise with the 3rd party. If a dispute over payment of services arises between a third party and your personal health insurance plan, you remain directly responsible for payment of your care as previously noted.

MEDICAL RECORDS FEES: Fees are charged according to statutory limits as state law dictates. Records and films generated within our office will remain in our control. While you do not own original records, you do own the information they contain. Duplicate records and films may be provided to you at cost. You may also leave a deposit to take original x-rays on loan from our office for continuing care at other treatment facilities.

DISABILITY INSURANCE FORM FEE: A fee of \$10 per form is charged for completion of short- and, or, long-term disability insurance claim forms. Please present these forms to front desk staff and they will forward them to your physician and issue a receipt for your payment. Please allow 10 working days for the form to be completed as these are worked into the schedules of the physician and medical assistant.

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 of your check plus the service fee is due immediately upon notice from our office to you.

LATE CANCELLATIONS, NO-SHOWS, NO-SHOW FEE: All scheduling decisions are at the ultimate discretion of the physician. If you must cancel an appointment, please contact us as soon as possible so that we may fill our physician's schedule. Full physician schedules help to contain health care costs for everyone. If given 24 hours' advance notice that you are unable to keep a scheduled appointment, we should be able to refill the time previously allotted for you. Cancellations with notice provided less than 24 hours in advance of an appointment will be considered a "**late cancellation.**" If our office does not receive advanced notice of cancellation, you will be considered a "**no-show.**" 3 such *missed* appointments in any 12-month period may result in your classification by your physician as a chronic no-show and, or, non-compliant patient. Your physician reserves the right to charge a fee of \$75 for chronically missed appointments with little or no advance notice. Payment of this fee will be required prior to the scheduling of any additional appointment. Your physician also reserves the right to terminate the physician-patient relationship on the basis of non-compliance.

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

FRP REV 10/08



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FINANCIAL RESPONSIBILITY POLICY

PAYMENT REQUIREMENTS FOR ALL PATIENTS: Ultimately, payment for services that you receive is your responsibility. In general, you will have 90 days to make payment on your account. In this period, you will receive three monthly statements. (If you have health insurance, your first statement will not be sent until your insurance has processed the charge(s) for your visit.) Also, one contact by phone and one additional contact by mail will be attempted. It is imperative that we receive payment or otherwise speak with you regarding your balance in this 90 day period as we will aggressively pursue collection efforts including the use of debt collection agencies.

We will be happy to attempt to assist in you eliciting payment from one insurance policy or one type of insurance policy versus another but, if and when disputes arise between parties, our expectation for payment is on you alone. North Shore Orthopaedics, S.C. will not accept payment contingent upon possible lawsuit settlements or resolution of other disputes with 3rd parties. We will not enter into alternative financial agreements with your legal counsel. A "Letter of Protection" is not a legally binding agreement and will not be accepted in lieu of payment. We will not bill your services to a law firm nor will we accept terms or conditions of a 3rd party, except where as required by law or obligated by pre-existing contract.

PROVIDE COMPLETE INFORMATION: The information that you provide regulates our ability to effectively bill for your care. Responsibility for payment of your services is ultimately yours. In providing thorough, current information, you assist us in the billing of services which is in your interest. We routinely verify your current insurance plan, the nature of your injury or condition, and your home address and phone number. On an annual basis we will ask you to review your financial information sheet making changes as appropriate. Your Social Security Number, though it may not be related to your insurance ID number, is required. After your name, your SSN is your most important piece of identification and we use it for that purpose. Please be assured that we will handle your personal information with utmost care. Our Privacy Policy makes a full disclosure of how your personal information is used by this office. North Shore Orthopaedics, S.C. is not responsible for errors due to missing, incomplete or out of date information.

MINORS: Individuals under 18 years of age must be accompanied by a parent or legal guardian. An adult charged with the care of a minor must be present to authorize treatment of non-emergencies. Separated parents must provide the information of the other parent if both are legally responsible for a minor child. Provide complete information so we may bill appropriately according to your specific situation. The parent/guardian that accompanies the child will be held wholly responsible for payment of services should disputes over payment arise.

IF YOU HAVE INSURANCE AND ARE ASSIGNING BENEFITS: We will file claims for you; please present your insurance card(s) at your visit. You will not receive a statement until we have received payment/processing from your insurance carrier(s). Most health insurance processing is completed within 60 days of your visit. The balance, if any remains, shall be considered current as of the date health insurance processing is posted to your account. Your statement should be sent within 30 days of posting if there is a remaining balance. Your portion, if any, is due upon receipt of your statement.

You will not be billed for balances such as preferred provider discounts, non-allowed or excess usual and customary fees if we are a participating provider in your plan. North Shore Orthopaedics, S.C. is not required to observe limiting fees unless under pre-existing contract with your specific health plan. We are not privy to the benefit structure of your health insurance policy. While we are happy to assist with your insurance billing, we have no authority in disputes concerning benefits paid.

Many insurance companies routinely contact their policyholders when they receive bills from orthopedic physicians. Traumatic injuries such as broken bones or torn ligaments often result from incidents where a 3rd party may be involved. Most health insurance policies contain clauses that a 3rd party is the primary payer under such circumstances and our ability to bill your services effectively relies on the information you provide. It is also important that you respond to inquiries of this nature from your health insurance plan as soon as possible when there is no 3rd party involvement, 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 your insurance will not accept a reply from us on your behalf in potential 3rd party situations.

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 network 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. We reserve the right to require pre-payment for off-site elective procedures or diagnostic testing.

CO-PAYS: North Shore Orthopaedics, S.C. will require payment of co-pays, as indicated by your insurance, at the time of service. Co-pays can not be waived. Billing co-pays at a future date is not cost-effective. We reserve the right to reschedule if you are chronically unprepared to pay your co-pay at the time of your appointment(s).

REFERRALS: Authorizations for treatment, or referrals, if required by your health insurance, must be in our office in order for us to provide care to you and your appointment will be rescheduled if a required referral is not in place at the time of your visit.

IF YOU DO NOT HAVE HEALTH INSURANCE: A \$500 deposit toward treatment is required at the first office visit or at your initial visit for a new condition or injury. A minimum payment of \$75 is required at 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, down payment equal to half of our fees is required. You must also make arrangements with the facility where services are to be provided. North Shore Orthopaedics, S.C. reserves the right to require full payment at the time of service.

RECEIPTS: Are issued for every payment made in our offices. Receipts not claimed at the time payment is made are maintained in our record books. Though our intention is to be completely accurate in our accounting, this policy ensures that if we should make an error while processing your payment, your account will still receive the credit represented in our receipt book records.

WORKER'S COMPENSATION CLAIMS: If you are receiving treatment for an injury or condition which may be related to your employment, complete worker's compensation billing information is required. We will verify claim information prior to your first appointment for potentially work related injury claims. We will require the full business name of your employer, their address, phone number and a contact person's name regarding worker's compensation cases. If you have not been given the work comp billing information, please request this of your employer. We will need the name of their work comp insurance carrier and that company's phone number. A claim number and an adjustor's name are also extremely helpful, if these have been assigned. If claim information is not verifiable, we will bill your health insurance plan. If a dispute over payment of services arises between your employers' worker's compensation insurance company and your personal health insurance plan, you remain directly responsible for payment of your care. Communicating claim status changes to our office is critical to minimizing your potential out-of-pocket expenses as many health plans have deadlines in which to file medical bills.