

FINANCIAL POLICY

Welcome! My staff and I are fully committed to providing you with the best possible orthopaedic care, both operative and nonoperative in nature. We are pleased to discuss professional fees with you at any time. Your clear understanding of our Financial Policy is important to an open trusting relationship.

- Insured Patients: Proof of current insurance, deductibles and co-pays are due at time of service. There will be a \$10.00 processing fee for co-pays not paid at the time of service.
- Private Pay, Personal Injury, Third Party Patients: **FULL PAYMENT IS DUE AT TIME OF SERVICE.**
- For children, the adult accompanying the minor will be responsible for costs of service, contingent to all terms of insurance.
- You will be asked to give us your VISA/MASTERCARD at time of your first visit. Incidental expenses not authorized or not covered by your insurance plan, and any expenses not paid within 90 days will be charged to your credit card to clear your account. You will be notified prior to any transaction taking place. We will promptly issue refund checks to you, if and when insurance company reimbursement for medical supplies is received.

HMOs: We will inform you if we are party to your HMO/PPO insurance contract. If so, we will handle your claims according to the terms and agreements established with your HMO/PPO insurance company. You are ultimately responsible for obtaining any necessary referrals from your primary care physician.

MEDICARE, MEDI-CAL, CHAMPUS, AND WORKERS COMPENSATION: If you are covered by any of these programs, please discuss your eligibility and payment situation with our office staff prior to date of service.

SUPPLY COSTS: Cost of Durable Medical Equipment "DME" (such as bandage supplies, splints, waterproof cast covers, crutches or canes, exercise equipment, cold therapy unit, etc.) is not generally paid by insurance companies. Payment for these supplies is due at time the supplies are issued to you. **We will not be able to issue these supplies without payment.** We are, however, happy to submit insurance claims on your behalf.

APPOINTMENT SCHEDULE: Help us serve you better by keeping scheduled appointments. If possible, please notify us at least 24 hours in advance if you need to cancel or reschedule your appointment. **There will be a \$25 charge for any "no show with no call" missed appointment.** On occasion, orthopaedic emergencies force us to do last minute re-scheduling. We recommend that you confirm your appointment about an hour in advance.

REGARDING INSURANCE: Health insurance is a contractual relationship between you and your insurance company. Thus, the ultimate responsibility of payment for medical services and supplies remains **yours**. We file insurance claims as a courtesy to our patients. However, we cannot become involved in disputes between you and your insurance company.

Please feel free to discuss your individual concerns with our financial coordinator. A special schedule of repayments may be set up for financial hardship cases. Finance charges of 1.5% per month, compounded monthly, are added to unpaid account balances after 90 days from date of service.

YOU NEED SERVICE: WE NEED PAYMENT! You are responsible for timely payment of your, and your dependents, medical accounts. If your insurance company has not paid the balance due within 90 days, we will process your credit card and/or bill you for the balance due. The above policy is essential to maintain financial viability as a business and to provide you with high quality service provided by an experienced and talented staff.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY STATEMENT. I UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES REGARDLESS OF WHETHER OR NOT COVERED BY INSURANCE. I HEREBY AUTHORIZE RELEASE OF ALL INFORMATION NECESSARY TO SECURE PAYMENT.

PATIENT SIGNATURE _____ DATE _____

PRINT NAME _____

CREDIT CARD/MASTERCARD/VISA NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: _____ - _____

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