

Patient Financial Agreement

Thank you for choosing Carolina Orthopedic and Sports Medicine, Inc. for your orthopedic and physical therapy care. It is our goal to provide you with any information you may need to make a reasonable and informed decision regarding your financial responsibility for the services we provide. If there is any portion of this agreement that you do not understand or have questions about, please do not hesitate to ask us about it.

1. Patient Balances - Full payment is due on the day the services are rendered. For your convenience, we offer several payment options including: cash, check, debit card, and credit card (MasterCard or Visa). For those patients who qualify, third party financing is also available through CareCredit. By endorsing this policy, you authorize us to make any necessary credit investigation, including employment verification.

2. Insurance Patients - We participate with most major medical insurance carriers. If we participate with your plan, we will file the claim for you as part of our services. You are responsible for all co-payments, co-insurance, deductibles and non-covered services at the time of service. *Please keep in mind, your co-payment covers only your office visit charges.* In some cases, during the course of your office visit additional services may be provided, including x-rays, injections, fracture repair, etc. that are not covered by your routine office co-payment. In these cases, all applicable co-insurance or deductible amounts for these additional services will be due at the time of service. If we do not participate with your insurance plan, we will still file a claim to your insurance carrier for you. However, you remain financially responsible for all charges incurred at the time of service. If you wish, we will also file your claims to third party liability carriers as a courtesy; however we will still ask you to pay for all charges in full at the time of service.

3. Auto Accidents Involving Attorneys - Our office does not hold account balances for settlements involving auto accidents. The patient is responsible for all charges while being treated at the time of service, regardless of litigation delays.

4. HMO Patients - Most HMO insurance policies require you to obtain a referral before services will be covered by your insurance. Please understand that in the event that you do not have a referral to this practice, you will be financially responsible for all charges incurred at the time of service.

5. Estimated Fees - When surgery or procedures are scheduled, an ESTIMATE of insurance coverage and fees is obtained from your insurance. While we request an accurate estimate from your insurer, your final balance may differ from the estimate provided. You are responsible for payment of your estimated portion (co-pay/co-insurance, deductible, and non-covered services) prior to services being rendered. Any balance remaining after we receive payment from your insurance company is due at that time.

6. Tricare Prime Patients - Tricare Prime requires prior authorization for services, and it is the patient's responsibility to obtain this authorization. If the required authorization is not obtained by the patient, these claims are then processed at "Point of Service" (POS) and this out of pocket amount becomes patient responsibility at the time of service.

7. Medicare Patients - we are participating providers with Medicare. Medicare patients are responsible for co-payments, co-insurance, deductibles and non-covered services at the time of service.

8. Workers Compensation - Authorization must be obtained from your employer before treating a Workers Compensation injury. Claims for work-related injuries are sent to the insurance company or your employer. You agree to be responsible for the balance due for services rendered, if not covered by insurance.

9. Unpaid Balances - The office will assess a \$25 fee on any returned checks. Charges reflected on billing statements are agreed to be correct and reasonable unless disputed in writing within thirty (30) days of the billing date. If your unpaid balance is turned over to an attorney or collection agency for collection, you agree to pay all costs associated with collection, including attorney fees equal to 33 1/2% of the unpaid balance.