

Financial Policies

St. Louis Orthopedic Institute

The physicians and staff of St. Louis Orthopedic Institute want you to completely understand our financial policies.

Payment of Services

Payment for services rendered is ultimately the patient responsibility. Your insurance policy is basically a contract between you and your insurance company. It is YOUR responsibility to give us the correct information about your insurance company. You must comply with the rules of your insurance company such as a valid referral form and pre-certification of testing and surgery in order for your claim to be paid. Plan eligibility for procedures does not always confirm certification, authorization or payment of service. We will file your insurance claim, but for claims denied because of failure to comply with the insurance company requirements, you will be responsible for paying the denied amount. For patient balances and self-pay accounts, we accept cash, check, Visa and MasterCard.

Co-Payments and Deductibles

Your insurance company requires you to pay your co-pay at the time of service. Failure to pay is a violation of your contract with your insurance company. Please do not ask us to bill you for a co-pay. If you do not have your co-pay with you, we are happy to reschedule your appointment at the next available opening. The deductible amounts are always the patient responsibility. Until the deductible amount is satisfied, your insurance is not responsible for reimbursement or payment.

Non Covered Services

Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge. We recognize government plans require an “Advance Beneficiary Notice” which we will provide.

Workers’ Compensation Claims

We file workers compensation claims, however

- Your employer must approve treatment and the bill for services rendered must be sent to your employer or their Workers’ Compensation carrier.
- If your employer does not approve treatment and **YOU SELECT US FOR TREATMENT**, you will be responsible for the bill.

Lawsuits and Third Party Billing

We do not accept third party billing. You are responsible for payment of our regular fees at the time of service unless other arrangements are made in advance with our financial coordinator.

No Insurance Coverage

If you do not have insurance coverage, we expect payment in full before service is rendered. In certain circumstances, payment plans may be made in advance of your visit. If you default on your promised payment, our policy is to refer your account to a collection agency.

Physician Non Participation in Your Insurance Plan

We participate in numerous insurance plans. However, there are plans with which we do not participate and therefore you would be responsible for the difference between the “Out of Network” payment and our billed charges. If you have questions, please contact your insurance plan.

I have read and understand the practice’s financial policy and I agree to be bound by its terms.

Signature of patient (or responsible party)

Date