



FINANCIAL AGREEMENT

Thank you for choosing Cascade Orthopedic Surgery! We are committed to providing you with the best possible care. In order for us to achieve this goal, we need your assistance and understanding of our current financial policy. **Please read the following carefully, as it is an agreement that you are responsible for payment and will pay in a timely manner.**

Private Insurance, Workers Compensation, Auto Accidents and Third Party Liability:

- ◆ Current proof of medical coverage must be presented at the front reception desk. If the insurance plan requires a co-payment, it will be collected at time of service. If proof of insurance or the co-pay are not provided at the time of service, the appointment may be rescheduled.
- ◆ The patient, or legal guardian, is responsible for contacting their insurance company and understanding their plan and what it covers. Additionally, the patient is responsible for contacting their primary care physician and requesting a referral, if required. If such referrals are not in place, some insurance companies may deny payment and the patient will then be responsible for the entire bill.
- ◆ The patient is responsible for any services received at Cascade Orthopedic Surgery. We will bill insurance as a courtesy. We cannot delay charges while liability claims or legal actions are pending. Full payment remains the responsibility of the patient, including co-insurance, deductibles or any “non-covered services” per the insurance policy provisions.

Please notify our office of any changes in your health insurance carrier immediately

No Insurance:

An initial deposit of \$300 will be due at the first appointment. Patients are responsible for all charges related to the first and all subsequent visits.

Monthly Statements:

- ◆ After insurance has paid or at month end, patients will receive a monthly statement indicating the balance due. The balance due is payable upon receipt. (Payment options below will apply).
- ◆ In the interest of our environment and cost savings, itemized bills are not automatically mailed. However, patients may request an itemized copy by calling our billing department.

Payment options:

- **Payment in full** – Cash, Personal Check, Debit Card or Credit Card
- **Three equal payments** within 90 days from time of service
- **Extended payment plan** offered exclusively through *CareCredit*, subject to a minimum payment schedule
 - ◆ Patients will be charged \$25 for any returned check. ◆

If surgery is recommended, patients may be asked for additional deposits or pre-payment of deductible amounts prior to scheduling the surgery.

I acknowledge receipt and understanding of the above financial policy. I agree to the terms as noted above. I authorize my insurance benefits be paid directly to Cascade Orthopedic Surgery. I agree to all collection costs in the event of default of payment.

Signed _____

Date _____

If you are not the patient, please specify your relationship _____

*****Parents of Minors - PLEASE NOTE: We will hold the accompanying adult responsible for payment of the account. Any issues resulting from separation or divorce documents must be resolved prior to the appointment.**