

**SOUTHWEST ORTHOPAEDIC GROUP©**  
**Payment Policy**

Thank you for choosing Southwest Orthopaedic Group for your health care needs. We are committed to providing you with quality health care. The purpose of this payment policy is to advise you of your responsibility for services rendered. If you have any questions regarding this policy before signing please let us know. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans. If you are not insured by a plan we are contracted with, payment in full is expected at time of visit. If you are insured by a plan we are contracted with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This agreement is part of your contract with your insurance company.
3. **Non-covered services.** Please be aware that some or all services you may receive may be non-covered services or not considered reasonable or necessary by insurer. You are responsible for payment of these services in full at each time of visit.
4. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy an identification card (i.e. drivers license) and current valid proof of insurance. If you change coverage it is your responsibility to inform us of coverage changes. If you fail to provide us with correct insurance information in a timely manner, you may be responsible for the balance of the claim.
5. **Claims submission.** We will submit your claim and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.
7. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please, be aware that if a balance remains unpaid, we may refer your account to a collections agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find a alternative medical care. During that 30-day period our physicians will only be able to treat you on an emergency basis only.
8. **Missed appointments.** Our policy is to charge for missed appointment not canceled within a reasonable amount of time (at least within 24 hours). These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

I have read and understand the payment policy and agree to abide by its guidelines. In additional, I hereby give Southwest Orthopaedic Group the authority to check my credit when making payment arrangements with Southwest Orthopaedic Group and/or it's contracted credit agency.

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Print Patient Name

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Signature of patient or responsible party if minor

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Date