

Nashville Orthopaedic Specialists, PC

Financial Policy

Thank you for choosing us as your health care provider. The following is our financial policy. We ask that you sign the bottom of this form indicating that you have read and understand these guidelines. If you have any questions, please consult with a member of our office staff.

Cash/Non-Insured Patients: An up-front payment of \$500 is due at check-in.

Insured Patients: Copays and deductibles are due at time of service. For your convenience we accept cash, checks, MasterCard, Visa, and American Express.

As a rule, we try to verify all benefits prior to your appointment, but in some cases this is not possible. It is your ultimate responsibility to make sure we are a provider, what your benefits are, and that you have active insurance and have supplied us with that information, when applicable. In the event that your insurance claim is denied, you will be responsible for services rendered.

If your insurance plan requires a referral from your PCP, it is your responsibility to ensure that our office is in possession of the referral letter or number prior to your visit. If the referral is not made available to us by the time of your visit, you may choose to pay for the visit or reschedule your appointment.

From time to time, your insurance company may request further information from you before processing your claim. Failure to comply with this request in a timely manner may result in your claim being denied. In that event, you will be held responsible for the entire amount of the claim.

Return checks will be subject to a \$30 fee.

Delinquent accounts will be turned over to an outside collection agency without notice. Accounts will be considered delinquent if unpaid after 60 days. In the event your account is turned over for collection, you will be responsible for all reasonable collection and court costs.

Again, thank you for choosing us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient's Signature: _____ **Date:** _____

Assignment Of Benefits

I hereby guarantee payment of all charges for services rendered by Nashville Orthopaedic Specialists, PC. I hereby assign and direct to pay any and all benefits for medical services under this claim directly to Nashville Orthopaedic Specialists, PC. I hereby authorize the release of any medical information requested by the insurance companies with the above assignment.

Patient's Signature: _____ **Date:** _____