

**Financial Policy Statement:** University Place Orthopaedics 95 University Place New York, N.Y. 10003

The Doctors and office staff at University Place Orthopaedics know that your insurance coverage is very important to you. You are responsible for knowing the benefits, limitations, deductibles and or restrictions that your policy may stipulate. In order to avoid any misunderstandings, we ask that you confirm your benefits with your insurance carrier. Please understand that the exact determination of benefits occurs at the time your insurance company processes and pays the claim. Every effort will be made to notify you should a difference occur between what was expected and what was actually paid. You will also receive notification directly from your insurance carrier concerning the benefits paid from your visit.

We must emphasize that our relationship is with you. While filing of insurance claims is a service that we extend to our patients, it is your responsibility that the charges are paid in full. Any known out-of-pocket expenses including deductibles, co-pays, co-insurance and or non-covered services or supplies are due at the time of service. Any amounts denied for any reason by your insurance carrier not known to us are due at the time of claim processing.

Accounts that are unpaid are considered delinquent. These accounts will be referred to our collection agency and or attorney for collection or to small claims court. You, the patient or responsible party shall be responsible for all costs incurred for collections. These may include collection fees, attorney fees and/or court costs. Payment is expected at the time of treatment for all deductibles, co-pays and co-insurance. I understand and agree that I am financially and legally responsible for full payment of my bill for services and that any failure of my insurance carrier to pay for all or any part of my bill does not constitute a reason for me not to pay. I understand that my insurance policy is a contract between myself and the carrier and that University Place Orthopaedics is not responsible for settling disputed claims. University Place Orthopaedics will provide the necessary information regarding my treatment in order to facilitate payment of my claim. I also understand and agree that the responsibility for obtaining referrals/authorizations for in-network treatment is solely mine. I understand that I will be seen as an out-of-network patient if I do not obtain the appropriate referral for treatment. It will then be my responsibility for all unpaid benefits.

In addition, I have been advised that my failure and or denial to provide accurate insurance information prior to, or upon my initial visit will mandate that University Place Orthopaedics will assign you as a self-paying or uninsured cash patient. This classification will cause me to forfeit any in-network benefits that University Place Orthopaedics may accept as a participating provider. I will be reinstated as an insured patient once all documentation and referrals are provided. I also understand that University Place Orthopaedics requires 24 hours of notice for any change or cancellation of scheduled appointments and I may be held financially responsible (not my insurance carrier) for late cancellations and missed appointments.

I understand the University Place Orthopaedics financial policy and responsibility for my account.

X \_\_\_\_\_  
Patient/Responsible Party's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Payment Disclaimer:**

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE AND OR PRIVATE BENEFITS/PAYMENTS BE MADE EITHER TO ME OR ON MY BEHALF TO THE PROVIDER FOR ANY SERVICES RENDERED TO ME BY THE PHYSICIAN OR SUPPLIER.

I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION (ABOUT ME) PERMISSION TO RELEASE SAME TO THE HEALTH CARE FINANCING ADMINISTRATION AND ITS AGENTS AS IS REQUIRED TO DETERMINE THESE BENEFITS OR ANY BENEFITS PAYABLE FOR RELATED SERVICES  
A COPY OF THIS SIGNATURE IS AS VALID AS THE ORIGINAL

X \_\_\_\_\_  
Patient Signature Required

Patient has been informed of and has signed a HIPPA privacy agreement. This will now be maintained in the chart for reference.