



Statement of Policies

We are committed to providing excellent care to our patients regardless of insurance coverage or financial limitations.

Your understanding of our policies is extremely important to our business. Our goal is to simplify the process for our patients. The following policies are established for mutual convenience and benefit. Please read them carefully and sign at the bottom to indicate your agreement of the statement of policies.

- 1. Southeast Orthopedic Specialists** provides orthopedic services only. Patients are expected to have or arrange for a Primary Care Physician.
- 2. Insured Patients:** Our relationship is with our patients and families, not insurance companies. However, the insurance carriers have considerable influence on this relationship. In order for our office to file a claim with your insurance company you must provide us with the necessary information prior to being treated. We must have a copy of a valid ID and insurance card on file. **Deductibles and Co-Pays** are payable at the time of service. We cannot bill for these. Any previous balance is expected to be paid at the time of service. If your health plan is an HMO, you must obtain authorization/referral from your primary care physician. **All charges incurred are your responsibility if your insurance company does not pay for any reason.** It is important that you read your policy handbook provided to understand which services are covered and which may be considered "not medically necessary". The physician may perform services that fall within this category. This does not relieve you of the financial obligation.
- 3. Uninsured Patients:** If you are uninsured, payment for office related services are due at the time services are rendered. In the event an elective surgical procedure is decided upon, full payment must be made prior to surgery.
- 4. Workman's Compensation:** We require the following information prior to scheduling an appointment. Adjustor's name, phone, ext, fax, email, carrier, date of injury, specific body part to be treated under this claim and claim number, if applicable. Without this information we will not be able to treat you under workman's compensation insurance. First appointment must be made by adjuster.
- 5. Auto Claims:** We will file your auto insurance. If benefits under your auto exhaust prior to completion of treatment, we will then file to your health insurance. For this reason, an active private health insurance must be on file. At that time all future claims will transfer to your health insurance and the normal deductibles, copays and coinsurance will be due at time of service.
- 6. Monthly Statement:** You will receive a monthly statement if you have a balance after your insurance pays for charges billed. All patient due balances are due within thirty (30) days. If you are unable to pay in full, we require you to contact our business office to make payment arrangements. Any default to fulfill your payment obligations will result in a third party collection agency. You will incur a 30% collection fee and you will be discharged from the practice until the obligation has been met.
- 7. Returned Checks:** Any returned checks will be subject to a \$35.00 service fee. This must be resolved before any future treatment is rendered.
- 8. Paperwork:** There is a \$25.00 pre-paid fee for all disability, FMLA, and other forms/ paperwork that you need to have completed by the physician. Paper work may be dropped off at any location. The forms will be forwarded to your provider for completion. Please allow 7-10 business days to complete. We will be glad to contact you for pick up or we will fax or mail as directed.
- 9. Minor Children:** All minor children under the age of 18 years old must be accompanied by a parent, guardian or authorized adult. We require a notarized letter giving consent to supervise treatment for anyone other than parent or legal guardian.

10. Prescription Policies:

- a. If you are in need of a refill, please have your pharmacy fax a request to 904-634-0203. Please allow 48 to 72 hours.
- b. Refills will be called in only between 9am-5pm Monday through Friday. No refills after 5pm on weekdays. No refills on weekends.
- c. If you need pain medication you will require an office visit to discuss this with your provider.

I acknowledge that I have carefully read and understand the Statement of Policies, and agree to abide by them.

Name (please print) _____ DOB _____

Signature _____ Today's Date _____