



## SHASTA ORTHOPAEDICS & SPORTS MEDICINE and LIBERTY PHYSICAL THERAPY & SPORTS PERFORMANCE – FINANCIAL POLICIES

**Welcome:** Thank you for choosing Shasta Orthopaedics & Sports Medicine and Liberty Physical Therapy & Sports Performance! The following information is provided to explain our billing process and credit policy. Please ensure that our staff answers all of your questions.

**The Service We Provide:** Our physicians, doctors, physician assistants, therapists and technical staff provide professional medical and radiology services as well as supplies required by your orthopaedic medical need. The bill from Shasta Orthopaedics & Sports Medicine is for these services only. Services provided by the laboratory, pathologist, anesthesiologist, medical equipment supplier, and in some instances your assistant surgeon will be billed separately from our services. Consistent with our Privacy Practices we will give your billing information to these providers. Our staff can assist you if you need to contact these providers.

We will bill your insurance company for the services we render. We will ask you to complete a registration form, health questionnaire and consent for use and disclosure of information. We will also need to take copies of your insurance card(s). These items will be necessary for your treatment and to receive payment for our services. Please notify us immediately when there are changes to the information you have provided.

### **If you have . . .**

**Medicare:** Shasta Orthopaedics and Liberty Physical Therapy are Medicare Participating Providers. We will bill Medicare directly for you and will honor Medicare's "allowance". If you have provided us with the information, we will also bill your secondary insurance. We will send you a statement that will detail all charge and payment activity. You will be required to pay only the amount Medicare determines to be your responsibility that is not paid by your secondary insurance.

**Medi-Cal:** Shasta Orthopaedics and Liberty Physical Therapy participate in the Medi-Cal Program. As a Medi-Cal Provider we will bill Medi-Cal directly and accept Medi-Cal's "allowance". You will be responsible to pay only the amount determined by Medi-Cal to be your "Share Of Cost". To comply with the Medi-Cal Program requirements it is necessary that your share of cost be paid at the time the service is rendered.

**PPO, Indemnity Insurance and HMO Plan:** We will verify eligibility and estimate benefits of your insurance from the information you provide us. Prior to your surgery we will notify you of the eligibility and benefit results. Any deductible, co-payment and co-insurance amounts are to be paid prior to your surgery. These amounts are estimated during eligibility and benefit verification process. Actual benefits can only be determined when your insurance company processes your bill. You will be promptly refunded in the event you have over paid; conversely you are obligated to pay any balance. We will send you a statement that details all charge and payment activity. Should your insurance company not pay within sixty days of your surgery, we may seek payment from you. Please communicate with your insurance company to ensure that their financial obligation is met.

**Worker's Compensation Insurance:** Shasta Orthopaedics and Liberty Physical Therapy accepts Worker's Compensation cases. It is necessary that you provide us accurate information about you, your injury, your employer and your Workers Compensation Carrier. Prior to your service we will obtain your claim number and pre-authorization from your Workers Compensation Carrier. You will not receive a bill for these services unless your claim is denied as "not work related". In these instances your private insurance company should pay for Shasta Orthopaedics & Sports Medicine's services. If you do not have insurance you are personally responsible for to pay for our services. Full payment is required prior to your service.

**Third Party & Liens:** Shasta Orthopaedics and Liberty Physical Therapy does not accept Third Party or Lien Claims. You will be personally responsible to pay for your medical services out of pocket. Full payment is required prior to your service. As a courtesy we will provide you a claim form for you to submit to your Third Party Payer to assist you in recovering any reimbursement due to you.

**If you do not have health insurance:** If you do not have insurance full payment is required prior to your service. Any payment arrangement must be approved by our Business Office prior to the day of your service.

**Forms Completion Fee:** Shasta Orthopaedics and Liberty Physical Therapy patients may require insurance or disability forms to be completed by us. Shasta Orthopaedics has a form completion fee of \$5.00 per page; a double sided page is considered two pages, with a minimum charge of \$15.00. All forms shall be completed within seven (7) business days of receipt of your payment. In the event medical record copies are required any applicable record copy fees will be charged in addition to the form completion fee.

**Canceled or Missed Appointments:** Appointments that are canceled without timely notice or missed without notice are subject to a Canceled or Missed Appointment fee. The following are our appointment types and the related canceled appointment notice requirements and fees should notice not be provided within the specified time frame.

- Office Visits/Consultation / 1 full business day notice required / \$35.00 Canceled or "No-Show" Appointment Charge
- EMG/NCS Studies / 3 full business day notice required / \$150.00 Canceled or "No-Show" Appointment Charge
- Injections and Surgeries / 5 full business day notice required / \$150.00 Canceled or "No-Show" Appointment Charge
- Physical Therapy Initial Evaluation / 1 full business day notice required / \$40.00 Canceled or "No-Show" Appointment Charge
- Physical Therapy Follow up Treatment / 1 full business day notice required / \$25.00 Canceled or "No-Show" Appointment Charge
- MRI or Arthrogram / 1 full business day notice required / \$150.00 Canceled or "No-Show" Appointment Charge

### **Non-Sufficient Funds, Canceled or Return Checks:**

Shasta Orthopaedics and Liberty Physical Therapy will assess a fee of \$25.00 for each non-sufficient funds, canceled or returned check.

**Acknowledgement: I have read and agree to the policy as stated above as a condition of service.**

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Signature of Patient or Legal Guardian if Patient is a Minor

Date