

Patient Payment Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

How May I Pay?: We accept payment by cash, check, VISA, Mastercard, American Express and Discover Card.

Do I Need A Referral?: A list of contracted plans is available at www.NorthAZortho.com in our Patient Center/Insurance page. If you have an HMO or managed care plan with which we are contracted, NAO must have a referral from your primary care doctor in order to begin care. If we have not received a referral before you arrive at the office, we have a telephone available for you to call your provider to get the referral. If you are unable to obtain the referral at that time, we will need to reschedule your visit.

What Is My Financial Responsibility for Services?: If you are unsure of your financial responsibility, please call your insurance company and verify your benefits before you arrive at the office.

If You Have...	You Are Responsible For...	Our Staff Will...
A Third-Party Insurance Carrier	Payment in full is requested at the time of the visit.	Provide you a receipt so you can file the claim with your carrier.
No Insurance/Self Pay	\$200.00 <u>Deposit</u> due at time of service. You will be billed for services exceeding the deposit amount.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.
Paperwork or Forms to be Completed by Our Office	\$25 Charge must be paid in advance.	Please allow 1 week for completion.
Missed appointment/clinic visit without cancelling	We reserve the right to charge a \$25 Fee. Time is reserved for your appointment and a great deal of preparation has gone into making your experience as pleasant as possible. If charged, <u>this must be paid by you before you can be rescheduled.</u>	Inform you of this policy when scheduling.
Missed procedure or surgery without cancelling	We reserve the right to charge a \$100 Fee. Time is reserved for your appointment and a great deal of preparation has gone into your planned care. <u>This must be paid by you before you can be rescheduled.</u>	Inform you of this policy when scheduling.
COPAYS or deductibles and/or out-of-pocket expenses that have not been met	Payment is due prior to services being performed or clinic visits.	Inform you of this policy when scheduling.
<p>Notifications of Balance Due: By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize Northern Arizona Orthopaedics to notify me of my financial responsibility or balance due. In the event that I am not able to intercept the message, I authorize a third-party representative of mine to receive the notification at my said personal contact information (when you are presented with this policy to read over, initial and sign, at your next visit, we will ask that you list the name of this third-party individual).</p>		
<p>Auto Payment Collection Telephone Consumer Protection Act (TCPA): I agree that the facility, Northern Arizona Orthopaedics, Ltd. or any other collection or servicing agency or agencies retained by the facility (together referred to hereafter as "collectors") to collect any money that I owe to the facility can contact me by telephone, text message or e-mail at any contact information approved by me or otherwise associated with my account, including but not limited to, cellular/wireless telephone numbers.</p>		

What if I need Surgery? If your physician recommends surgery, you will be escorted to his/her Surgery Scheduler. He/she will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The Surgery Scheduler will request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the Surgery Scheduler.

What if My Child Needs to See the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

We look forward to providing you with quality care and an excellent experience. Thank you for trusting our team with your care.

I have read, understand, and agree to the above Patient Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

A \$25.00 fee will be added to unpaid balances that are sent to collections.

I authorize my insurance benefits be paid directly to Northern Arizona Orthopaedics.

I authorize Northern Arizona Orthopaedics to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

DO NOT SIGN.
You will initial and sign this document upon your next visit at NAO.

Date

Signature

Printed Name

E-mail (for secure messaging) _____