

Thank you for choosing Tallgrass Orthopedic & Sports Medicine as your healthcare provider. Your understanding of our Financial Policy is important to our professional relationship. Please contact one of our Patient Account Representatives at (785) 295-4501 to address any questions or concerns you may have about our fees and your financial responsibility.

Your Financial Responsibilities

You are ultimately responsible for the payment of your account. Our practice will file insurance claims to your primary and secondary insurance carriers once you have provided us with all of the necessary information. Please note that you are responsible for payment of all co-payments, co-insurance, deductibles, and non-covered services. We accept payment by cash, personal check, Visa, MasterCard, Discover, and American Express. You will receive statements for account balances that are your responsibility. If payment is not received in a timely manner, collection efforts will be made. Any collection agency fees or other expenses incurred to collect will be at your expense. Once an account has been sent to an outside collection agency, the amount due must be paid in full prior to scheduling any future appointments.

Health Insurance

Our practice participates with many private insurance plans. It is your responsibility to know your plan coverage, know who the eligible providers are for your plan, and to meet your financial obligations as a policy holder. As a courtesy, we will submit a claim on your behalf and make every effort to resolve any billing problems that may arise. **If your plan requires a co-payment, we will collect it at the time of service.** Please be prepared to pay this at each visit, or your appointment may be rescheduled. **Referrals & Pre-Authorization:** It is your responsibility to obtain any required referrals or pre-authorization required by your insurance. Please notify our office staff if this is required and they may assist you.

Medicare

We will submit claims to Medicare for you. You are responsible for the deductible, co-pay, and co-insurance which may be billed to a secondary insurance if you have one. All balances remaining after Medicare and secondary insurance have paid will be your responsibility.

Workers Compensation

It is your responsibility to notify your employer of a work related injury to initiate a work comp claim. In addition, you must provide us with the name of the work comp insurance company, name & phone number of the case manager or adjuster, claim number, date of injury, and description of injury. **All services provided to patients under a work comp claim must have services pre-authorized by the insurance carrier.**

- Our office will contact your work comp insurance company to obtain authorization for tests, consults, referrals, and procedures. Please be informed that the timeliness of completion of this authorization process is at the discretion of your work comp insurance company.
- We will continue to contact them weekly to check on the status of the request. **If you have not been contacted by our office within 1 week of our request, please contact your case manager to check on the status.**
- Once authorization has been obtained, we will contact you to schedule the service.

Accidents

It is your responsibility to file a liability insurance accident claim if you are injured as a result of an accident. If you believe you are eligible for benefits from a liability insurance company, you must provide us with the name of the insurance company, name of the policy holder, name & phone number of the agent or adjuster, date of the accident, and claim number. Ultimately, you are responsible for payment of all services rendered as a result of an accident. As permitted by law, we will lien patient recoveries from any legal or insurance settlement for unpaid charges.

Self Pay (No Insurance Coverage)

If you do not have insurance, we expect payment in full at the time of service. If you are not able to pay in full, you will need to meet with a Patient Account Representative to make appropriate payment arrangements.

Forms Completion & Medical Records Requests

It is your responsibility to pay a \$20.00 charge for completion and release of forms for disability insurance, life insurance, and FMLA. We will not accept these forms into our possession without payment in full. Please deliver these forms to the reception desk with your payment. We charge a fee for copying medical records and x-rays. Upon this request, our Health Information staff will notify you of the applicable fee. Once payment is received, we will process your request.

Acknowledgement

I have read, understand, and agree to the Tallgrass Orthopedic & Sports Medicine Financial Policy. I understand that any charge not covered by my insurance company, as well as applicable co-payments, deductibles, and co-insurance is my responsibility.

Signature of Patient or Responsible Party

Date