

PATIENT FINANCIAL AGREEMENT

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

OFFICE VISITS & SERVICES: Our business office will file a claim for our services with your insurance company. Any applicable co-payments, co-insurance and deductible amounts will be collected at the time of service. Any portion not covered by your insurance is your responsibility as well. You will receive an explanation of benefits (EOB) from your insurance company. If you have questions regarding your benefits please contact your insurance company; you may also reach our Business Office at 639-9013 for assistance understanding any out of pocket expenses you are responsible for as outlined by your insurance plan.

DO I NEED A REFERRAL?: Current referrals are necessary for ongoing care. If you have an HMO plan you are responsible to have your PCP send a referral to our office.

SURGERY: Our office will complete any pre-certification or authorization if required by your insurance company and provide a financial worksheet of out of pocket expenses you will be responsible for prior to procedure being performed. Please keep in mind the calculated amount is an *estimated cost*.

DURABLE MEDICAL SUPPLIES: As part of your treatment, your physician may decide to use durable medical supplies (*Theraband, Ace Bandages, Elbow Sleeves, Finger Splints, Coban, Wrist Braces, Slings or Gortex Liner*) and may determine that it is important to your treatment plan that you be shown how to use the durable medical supplies and that you have the supplies today. Your insurance may determine that this service is "not reasonable and necessary," therefore you will be responsible for payment. This office will bill your insurance, **with exception of Medicare as we do not participate in their DME program.** Please be advised that the durable medical supplies listed above are available for purchase at most major drug stores and medical supply companies.

WORKER'S COMPENSATION: If our office has received your claim information and authorization, no payment is necessary at the time of the visit. If claim information and/or authorization has not been received, payment in full is to be collected at the time of service.

DISABILITY FORMS: Our office charges \$10 for each disability form that you ask Tucson, Shoulder Elbow & Hand, PC to complete. The disability form may be for your employer, home or auto loan or any other facility that requires disability information on your behalf. Allow up to five business days to process your request.

MEDICAL IDENTITY THEFT PROTECTION: In February 2009, Federal Trade Commission's Identity Theft Prevention Red Flags Rule was enacted. Medical offices are mandated to confirm the patient's identity and validate medical insurance coverage to ensure that identity theft has not occurred. To safeguard your identity we will electronically scan your valid picture ID issued by a local, state or federal government agency (*driver's license, passport, military ID, etc.*) and your current insurance card to confirm your identity.

ACKNOWLEDGEMENT: *I have read, understand and agree to the above Payment Policy. I understand that my co-payment, co-insurance and deductibles are due and payable at the time of service. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility and payments will be processed as noted above.*

- In the event that outside collection and/or legal costs are incurred by this office to obtain payment due, responsible party agrees that they will be liable for any costs incurred.
- I authorize TUCSON SHOULDER, ELBOW & HAND, PC to release pertinent medical information to my insurance company when requested or to facilitate direct payment of a claim.

Dated this _____ day of _____, _____ (year)

Signature of Patient or Guardian

Printed Patient Name