

ROCHESTER COMMUNITY ORTHOPAEDICS, LLP

Payment Policies

(6/2016)

We are committed to providing you the best possible care and would be pleased to discuss our professional fees with you. Due to the increasing complexity of insurance plans we feel it is necessary for you to have a written copy of our Payment Policies. Please visit our website, www.rochestercommunityortho.com, to see a listing of which Insurance Companies we are In-Network. A printed copy is available upon request. Your clear understanding of our Payment Policies is important to our professional relationship. If you have any questions at all please contact the billing department at (585) 267-4034.

During your course of treatment at RCO, outside referrals may be made to other medical professionals. These professionals may or may not be “in network” with your insurance. We have provided links on our website, www.rochestercommunityortho.com, for some of the medical professionals for you to learn if they are in your network. A printed copy is available upon request. Physical Therapy offices are on a printed list at the secretaries’ desk.

Workers’ Compensation and Automobile Accidents: Our providers provide treatment for both work-related injuries and automobile accidents. The patient is responsible for providing us with complete billing information for treatment of these injuries. Without this information, the patient will be responsible for the charges.

Non-Participating Insurance Plans or “Out Of Network”: In the event RCO does not participate with your health plan’s network, upon request we will disclose in writing the amount or estimated amount that we will bill the patient or prospective patient for health care services provided or anticipated to be provided for non-emergency services.

Referrals: If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain the referral prior to your appointment.

Co-Payments: Your insurance REQUIRES that we collect your designated co-pay at the time of service. There will be a billing charge for all co-payments not made at the time of service.

High Deductible Policies: We will submit a claim to your insurance company, but if you have not met your deductible for the year, you will be billed for services provided. Payment in **FULL** is expected on receipt of your billing statement. The statement will reflect the amount you owe, if any, after your insurance has processed your claim. If no resolution can be made within thirty (30) calendar days, the account will be considered delinquent and may be sent to the collection agency.

Statements: Statements are due upon receipt. If additional statements are mailed for non-payment, a billing charge will be applied.

Minors: We will bill the insurance carrier for both parents. However, the parent that signs for services will be responsible for all outstanding balances unless you produce a court order stating otherwise

Returned Check Fees: Returned checks from the bank for non-payment will be re-deposited immediately. A bank fee will be applied to your account balance each time a check is returned.

Forms Of Payment: We accept Cash, Checks, and most major credit cards. Credit card payments can be made in person, over the phone, on our website, or mailed in.

Deposit: Certain procedures and/or Patient’s with a history of delinquent payments may be asked for a deposit prior to services being rendered.

SIGNATURE

DATE