



Specializing in Arthroscopic Surgery, Hand Surgery, Foot & Ankle Surgery, Spine Surgery,
Joint Reconstruction, Sports Medicine, Podiatry, Workers Compensation

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FINANCIAL POLICY

Our practice is committed to providing the best treatment and care possible for our patients.

Disclaimer

Although we make every effort to obtain accurate information from your insurance carrier, verification of benefits is not a guarantee that an insurance carrier will pay a medical claim. The insurance carrier makes the final determination based upon the specific plan negotiated by the Insured or Insured's employer. Consequently, the patient or guarantor remains ultimately responsible for the charges incurred during each visit. Additionally patients are responsible for providing correct and factual information regarding their injury, the event related to the injury and the date of occurrence. _____ Initials _____

Patient Responsibilities

It is the responsibility of the patient to call and cancel scheduled appointments 24 hours prior to the appointment. If appointments are not cancelled at least 24 hours prior to the schedule appointment, Bone & Joint Specialists reserves the right to charge for the no-show.

We require a copy of your current Insurance card. Without a copy of your Insurance card, your account will be considered a 'self-pay' account and subject to the rules identified below. You, the patient or guarantor, are responsible for knowing the requirements of your Insurance plan including which laboratories, radiology, imaging sites and hospitals are authorized for treatment. Our staff will offer assistance, but we are not responsible for knowing or interpreting the benefits of your policy. _____ Initials _____

You may need to have an authorization or a referral completed by your Primary Care Physician (PCP) prior to seeing our physicians or receiving Physical Therapy, (particularly if your plan is an HMO, POS or EPO). If we have not received the authorization or referral prior to your arrival, your visit will be rescheduled. If your Insurance policy requires a copayment, you must *pay your copay at the time of service*. We reserve the right to reschedule your appointment until your copay obligations are met. You are responsible for the payment for all services rendered by Bone & Joint Specialists, even if your Insurance carrier determines that a service is 'not covered'. We try to inform patients when services may not be covered; however, it is the patient's responsibility to understand his/her policy and its' limitations. _____ Initials _____

Patients who are minors (less than 18 years of age): must have a parent or legal guardian accompany them on every visit. The accompanying adult is responsible for payment of the account. The responsibility for payment of services rendered to minor children whose parents are divorced rests solely with the parent seeking treatment for the child, *regardless of judgments defined by your divorce decree*. _____ Initials _____

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Work place injuries: The patient is responsible for notifying Bone & Joint Specialists **prior to your appointment** if an injury occurred at work. Our worker’s compensation coordinator will secure the proper authorization for treatment, insurer information, claim number, date of injury, employer, and adjustor and/or attorney information. Your visit with our practice must be authorized before you are seen. Providing correct and necessary information to our coordinator while setting up your appointment will accelerate the process.

_____Initials_____

Medical Records Release

Every patient or guarantor must sign a HIPAA compliant medical records release. The fees for copies of a medical record are .25 cents per sheet, \$5.00 for a disc version, and \$5.00 for a radiology disc.

_____Initials_____

Auto Policy

If you are involved in an automobile accident and have filed a claim, you must provide us with the claim number and billing information for us to file a claim for you. If you DO NOT have a claim number, we will bill your private health insurance, if applicable, or you will be treated as a self- pay account. Please remember that you, as the individual receiving medical treatment, are ultimately responsible for ensuring all services rendered by Bone & Joint Specialists are paid in full, even if you were not responsible for causing the accident.

_____Initials_____

Self –Pay Accounts

Self-Pay accounts shall exist in the following instances:

- A patient has no insurance coverage
- There is no insurance card on file
- The patient has not met his/her yearly deductible or coinsurance
- Services provided are not covered by insurance

Payment for self-pay accounts is required at the time of service. We offer to our patients a program called Care Credit which allows you to pay in installments to a credit card company or you can pay through our practice-monitored payment plan. Our billing staff can assist you with these arrangements. _____Initials_____

Bone & Joint Specialists Services

We will verify insurance coverage at the time of your first office visit and at the time a surgery is scheduled. Any changes in coverage must be reported to our office *immediately* for proper processing. As a courtesy to our patients, Bone & Joint Specialists will take ‘assignment’ for billing and collecting from our participating (In-network) and non-participating (out of network) health plans. Any outstanding balances from these plans are the responsibility of the patient.

We will verify MEDICAID coverage prior to each visit.

We charge what is considered usual and customary fees based upon our service area. If our physicians do not participate in your plan, YOU are responsible for paying the entire amount billed by Bone & Joint Specialists, regardless of your insurance carrier’s interpretation of usual and customary rates. _____Initials_____

Liability

Bone & Joint Specialists will submit claims to an accident insurance carrier (auto or personal liability) on behalf of a patient, however, the patient remains liable for the full amount charged for all services rendered by Bone & Joint Specialists and it is the patient's responsibility to ensure all claims are paid in a timely manner, whether by his/her insurance carrier or him/her individually. We do not make payment arrangement or bill an insurance company suggested by your attorney. Our relationship is only with you, the patient.

Credits: BJS will issue a refund only if there are no outstanding insurance or patient balances and no future appointments scheduled.

An account is considered past due 45 days after the balance becomes the patient's responsibility unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to our collection agency. _____ Initials _____

We accept payment by cash, money order, cashier check, personal check, or an accepted credit card (Discover, MasterCard, VISA and American Express). There will be a \$25.00 surcharge for all checks returned for nonsufficient funds, which shall be paid to Bone & Joint Specialists by either cash or accepted credit cards. _____ Initials _____

For your convenience, our billing office is available Monday through Thursday
8am to 5pm, and Friday 8am to 4pm. The phone number is 219-795-3360.
Our knowledgeable staff will be happy to address any questions or concerns
you may have regarding your account.

Name: _____ **Date:** _____
Printed name of patient/responsible party



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