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Surgery of Hand & Upper Extremity

MICHAEL J. SCHUTTE, M.D., P.C.
Arthroscopy, Sports Medicine &
Surgery of Knee & Shoulder

THOMAS A. RICKARD, M.D.
Surgery of Hand & Upper Extremity

LARRY R. STAYNER, M.D., P.C.
Orthopaedic Surgery, Sports Medicine
& Arthroscopic Surgery

EMILY E. HEID, M.D.
Surgery of Foot & Ankle Specialist

COLLECTION/PAYMENT POLICY

It is the policy of Northern Rockies Orthopaedic Specialists to have a Financial Policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care and minimizing administrative costs. This Financial Policy has been established with these objectives in mind, and to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with numerous insurance companies and managed health care programs. For patients that are members of one of these plans, our business office will submit a claim for services rendered. The patient must complete all necessary insurance information, including special forms, before leaving the office.
- If a patient has insurance that we do not participate in our office is happy to file the claim upon request; **however, payment in full is expected at the time of service.**
- It is the patient's responsibility to pay any deductible, co-insurance, co-payment, or any portion of the charges as specified by the plan at the time of visit. Any medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of visit.
- **Payment for professional services can be made with cash, check, MasterCard, Visa or American Express.**
- If a patient feels that he or she may require financial assistance, notify the practice receptionist before you see the physician, for referral to the appropriate individual. Patients that do not have insurance are expected to pay for professional services at time of service unless prior arrangements have been made with us.
- I understand that in the event any unpaid balance is placed for collections with any third party collection agency, a fee of 33% of the unpaid balance will be added to the total amount due. This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such as court costs, attorney fees, and all other expenses so stated elsewhere. The authorized fee of 33% and the additional costs and charges listed above represent the actual costs incurred by NROS to collect amounts owed under this agreement and a corresponding decrease in expected revenue resulting from this signers failure to pay as specified in this agreement.
- It is the patient's responsibility to ensure that any required referrals for treatment are provided to the practice **before the visit**. Visits may be rescheduled, or the patient may be financially responsible due to lack of the referral.
- It is the patient's responsibility to provide us with current insurance information and to bring their insurance card to each visit.
- Our staff is happy to help with insurance questions relating to how a claim was filed, or regarding any additional information the carrier might need to process the claim. Specific coverage issues, however, can only be addressed by the insurance company's member services department (number is on the insurance card).
- The adult accompanying a minor, (18 years and younger), and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-payment by credit card, cash or check at time of service needs to be verified.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the physician's office. We are here to help you.

Please sign that you have read and agree to this Financial Policy.

Signature of Patient/Responsible Party

Date