

FINANCIAL POLICIES

This outlines your financial responsibilities for treatments by Central Coast Orthopedic Medical Group.
All patients are ultimately responsible for payment for all services rendered, whether insured or uninsured.

Insured Patients



Please **bring your insurance card(s)** with you to **every appointment**. If your insurance plan has changed since your last visit, please tell us. **If you are unable to provide** valid insurance information at the time of your visit, you will be expected to **reschedule** or **pay in full** at the time of service.

We participate in most **major and regional health plans** in our area, as well as **Medicare, Medi-Cal and Cen-Cal**, and will file claims with your insurance carrier(s). If you have secondary insurance, we will file a claim with them as soon as the primary carrier has paid.

Prior Authorization –vs- Self-Referral: Cen-Cal, Medi-Cal, HMO, EPO and some other insurance plans require **prior authorization** through your Primary Care Doctor before we can see you. Most other insurance plans allow you to self-refer, but you need to be aware of your own policy's requirements.

Co-Pay: If your insurance coverage indicates that a co-pay is due for your office visit (see your card), **you must pay it at the time that we treat you**. Our contracts with insurance carriers give us no choice in this.

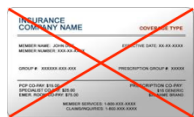
Your Portion of the Charges: You will be responsible for your share of charges as defined by your policy **plus** any charges for treatments that your insurance carrier will not pay for. If we have not received payment from your insurance company within **90 days** of the date of service, you will be expected to pay the balance yourself.

If Your Insurance Company Requests Information from You: You must respond to any information requests from your insurance carrier or your claim(s) could be denied and you would be responsible for payment yourself.



We accept Blue Shield's Covered California non-HMO plans. We may treat all Blue Shield non-HMO patients, including their Covered California network patients. If you're one of their patients, **WELCOME!**

Uninsured Patients / Out of Network Patients



If you **have no insurance**, or if **we are not in your insurance plan's network of doctors**, we can still treat you, but you will have to **pay at time of service**.

1. **Self-Pay patient.** *You'll pay the entire bill, with no involvement by an insurance company. We have a discounted fee structure for this.*
2. **Out of Network.** *You will pay the entire amount of your treatment on the day of service, then your insurance company will reimburse you directly. If you choose this option, we will treat you as a Self-Pay patient.*

Workers Compensation

If you are **injured at work**, you must **contact your employer** and notify them of the injury **before we are allowed to treat you**. We can only schedule an appointment for your work injury **after we have authorization** from your employer's insurance. We then bill their Worker's Compensation insurance carrier for your treatment, not yours.

Warning: **if your employer later concludes** that the injury was **not work-related**, **you** (or your private insurance) will be **responsible** for paying the bill.

Surgery: Pre-Pay Your Portion of Costs



When you ask us to schedule you for elective surgery, we will talk to your surgeon to estimate your portion of the planned surgery costs so you can **pay them prior to surgery**. The amount will be determined by your insurance plan terms and how much of your deductible you have already met.

If you are unable to pay your portion prior to elective surgery, we will ask you to delay surgery until you can do so.

Paying Your Bill



After your insurance carrier(s) have paid their portion(s) we will send you a statement for your balance due. **Payment in full** is expected when you receive your statement.

If you are **unable to make payment in full**, please talk with our **Patient Financial Counselor** at **(805) 541-4600, extension 179**, to discuss options. In some cases, we can set up a **monthly payment plan** for you.

Methods of Payment



You may pay by **cash, check, Visa, MasterCard and Discover cards**. You can pay at the reception desk, mail us a check, or make payment by phone at **(800) 478-6675**. If you are on a **monthly payment plan**, payments will be automatically billed to your credit / debit card on the date you chose with our patient financial counselor.

Unpaid Balance



If you have not paid your balance or talked with us to set up an acceptable payment plan within **120 days**, we will transfer your account to an **outside collection agency**. In such a case we would ask you to find a different orthopedic surgeon for any future orthopedic problems.

Refunds

If there is an overpayment on your account, we send you a **refund check within 2 weeks**.

Other Facilities and Provider Fees

If you are having surgery, please be aware that your Central Coast Orthopedic Medical Group bill will cover only the Orthopedic Surgeon's charges. The **Hospital / Surgery Center** and **Anesthesiologist** will be sending you separate bills for their portions of your surgery.

MORE QUESTIONS? Talk with the Practice Manager at the office where you receive treatment.

I acknowledge that I have read this statement of financial policies and that I understand its contents.

SIGNATURE

PATIENT OR RESPONSIBLE PARTY

DATE