

Expect THE BEST.

Top Orthopedic Experts Dedicated to Summit County

FINANCIAL AGREEMENT

Thank you for choosing Summit Orthopedics at Panorama as your orthopedic provider. We are committed to delivering outstanding healthcare and customer service. The following is our current financial policy.

For our patients with health insurance: Summit Orthopedics will submit an accurate claim to all contracted insurances as a courtesy to our patients. This will require accurate information to be provided by the patient at each visit to ensure timely payment processing. Should the patient not provide accurate insurance data then bill will become due by the patient at the time the insurance denies payment. Summit Orthopedics CANNOT waive co-pays, deductibles, co-insurance, or non-covered service amounts defined as patient responsibility under the terms of our contact with the health insurance. Patient co-pays are expected at the time of service and any remaining balance is expected upon receipt of a statement from our office.

For patients with no medical coverage: If you do not have group health insurance coverage, payment for services is expected at the time of service. We will offer a Self-Pay Rate on all services. If you are having difficulty paying your account we have several options available to help you keep your account in good standing. Please contact our business office for other options at 970-262-7400 or see the patient access representatives at your appointment.

For patients with workman's compensation insurance: Your employer must file an injury report before an injury can be billed to Workman's Compensation. You will need to provide us with the insurance carrier, their address, date of injury, claim number associated with your case and the name of your case manager. If the claim is denied by Workman's Compensation we will bill your health insurance or you will become responsible for any charges.

For auto accidents or liability patients: Summit Orthopedics does not bill auto insurance or third party insurance. Methods of payment: We accept all major credit cards and Care Credit. To pay your bill online please visit our website at www.SummitOrthoPanorama.com. We also accept checks and cash.

Past due accounts: All patient responsible balances will become delinquent 15 days after our request for payment. After 30 days your account will be turned over to an outside collection agency. If the account remains delinquent, the patient will be unable to schedule any further appointments until the debt has been settled.

Thank you for your understanding of our financial policy. If you have any questions regarding this policy or your account please contact our Customer Service Department at 970-262-7400.

I have read and understand the financial policy of the practice and I agree to its terms. I also understand that the terms may be amended by the practice.

Signature of patient/responsible party

Date

Please print Patient Name

Date of Birth - Required