

Acknowledgement of Receipt of Suburban Orthopaedics Financial Policy Summary

Thank you for choosing us as your care provider. We are committed to the successful treatment of your medical condition. Please understand that payment of your bill is considered part of your treatment. Your clear understanding of our Financial Policy is important to our professional relationship. Please call our billing department if you have any questions. They may be reached at 630-372-1100. You authorize the release of any medical records necessary to process any claims I may incur and assign to Suburban Orthopaedics, all of my rights, title and interest to my medical reimbursement benefits under my insurance policy(ies) with the above named insurance company(ies) for services rendered to me. The patient, or legal guardian, is always responsible for payment. In consideration of services to be rendered, you, as the undersigned patient or guarantor for patient, agree to pay Suburban Orthopaedics for all services and supplies provided to you (or the patient, as applicable) at the established rates, including any deductibles, co-payment or other charges, as permitted by third party payers. By signing this financial policy summary, you accept responsibility for any costs, including late fees, collection costs, returned checks and attorney's fees incurred by Suburban Orthopaedics in the collection of these charges for examination, diagnosis and treatment received. Furthermore, you certify that the information given by you for purposes of payment is, to the best of your knowledge, complete and accurate.

Additionally:

- ❖ Full payment is due at time of service for self-pay patients or if insurance information (and copy of insurance card) is NOT provided.
- ❖ We accept cash, checks, Visa/MasterCard/Discover/AMEX.
- ❖ All patients must complete our "patient registration form" and other forms provided at the time of registration.
- ❖ For cases in which we bill insurance directly, we MUST HAVE A COPY OF THE CURRENT INSURANCE ID CARD.
- ❖ Please notify us immediately of any changes in your insurance information or coverage.
- ❖ At least 48 hours notice is required for copies of medical records or x-rays and there may be a nominal fee.
- ❖ You are ultimately responsible for payment of all services.

Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible only for the difference between Medicare's approved charge and the amount Medicare pays, your deductible and charges for any service not covered by Medicare. If you have supplemental insurance, we will bill it directly for you. You will receive a bill after your insurance has paid.

HMO/PPO

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. IF YOU DO NOT KNOW YOUR CO-PAY YOU MAY USE OUR PHONE TO FIND OUT. We are a member of most, but not all, insurance plans. You are responsible for verifying that we are an in-network provider under your plan. If you are an HMO member, you will not be billed as long as you have obtained the necessary referrals. All patients will be responsible for their co-payments, co-insurance and deductibles as applicable and as long as they have verified with their insurance company that our physician is in their plan.

Workers' Compensation

If you are here as a result of a work-related injury, we require information regarding both health insurance and your Workers' Compensation insurance. At the time of your appointment, you must provide us with your employer's name and a contact there with phone number your health insurance card (if possible) Workers' Compensation Case Number. If you do not provide this information you will be expected to pay at the appointment time. Regardless of disputes between your health insurer and your employer, you are responsible for the payment of your healthcare bills.

Insurance Disputes

If there is a dispute regarding the payment of your insurance claim, Suburban Orthopaedics has the right to bill you prior to the resolution of that dispute and to anticipate payment from you.

Auto and Other Accident Claims

If you are here as a result of an accident claim we may require you to be a self-pay patient or we may require information regarding health insurance, accident/auto insurance, the name, address and phone number of your attorney and identifying information relating to your claim. Suburban Orthopaedics may, at its discretion, and in lieu of billing your insurance, place a "Physician's Lien" on your claim/case for payment. By signing the form, below, you are indicating that you have read this paragraph, and that you agree that Suburban Orthopaedics may at its sole discretion, use this method of reimbursement for treatment rendered, without objection from you or from your attorneys.