

Midlands Orthopaedics & Neurosurgery, P.A. Financial Policy

Thank you for choosing Midlands Orthopaedics & Neurosurgery, PA (MON). We recognize that healthcare is expensive, insurance requirements are frustrating, and discussing payment arrangements can be unpleasant. Nevertheless, unexpected charges or bills are also unpleasant, so we ask you to review our financial policies. As your health care provider, our relationship is with you – our patient – not with your insurance company. Your insurance plan is a contract between you, your insurance company and/or your employer. Our office is not a party to that contract or any possible restrictions imposed by it. While we will make every effort to obtain appropriate payment from your insurance carrier, payment for services rendered is ultimately your responsibility.

Payment for Services : Copays will be collected at check-in, as well as any balance due on the account. We will pre-collect the estimated patient responsibility amount for surgeries, procedures, and diagnostic services.

Insurance : You will be required to update your insurance information at least once annually, but we ask you to provide your insurance card more frequently. Please notify our office immediately if you change insurance carriers, drop coverage, receive new cards or in any way experience a change to your coverage. Failure to do so may result in insurance claim denials that cause all charges to become your full responsibility. Please know the benefits, limitations, and responsibilities of your insurance plan.

Referrals and Authorizations : If you plan(s) require a referral from your primary care physician (family or regular doctor), please make sure one has been provided prior to your appointment. We must have a current referral to prevent your insurance carrier from denying payment for services you receive with us.

Patient Out-Of-Pocket Expenses : We participate with many health plans and file charges with those plans on your behalf. Most health plans require us to collect payment they deem to be patient responsibility in the form of co-pays, deductibles, and co-insurance. We must also collect payment directly from the patient for services the plan does not cover. If MON does not participate with your insurance plan, payment-in-full is required at the time of services unless alternate payment arrangements have been made.

If your insurance ultimately denies responsibility for services you receive, you are responsible for payment. If you have a Health Savings Account (HSA), Health Reimbursement Account (HRA) or a Flexible Spending Account, we will provide all documentation necessary for you to receive appropriate reimbursement; however, payment is still required at time of service.

Uninsured Patients : Payment is due at the time services are provided. The office package for a new patient visit is \$216.00. The office package for an established patient office visit is \$151.20. These payments will be required prior to the appointment. This payment will be applied to your total balance due upon check-out. Any overage will be refunded to you. If you are unable to pay your entire balance, an Account Specialist will assist you in establishing a payment plan. Please visit our website (MidOrthoNeuro.com) for a list of pricing.

Past Due Balances : Balances that are not paid within 30 days from the date of service are considered past-due. If your insurance company has not responded to our request for payment within 30 days, we will ask for your assistance in obtaining payment from the carrier and/or to make a payment on the balance. Balances that are not paid within 90 days of the date of service will be forwarded to a collection agency. Collection agency and any associated legal fees may be added to the account. Patients with past-due balances will be required to make payment arrangements before additional services will be scheduled. The collection agency, as well as, the office will utilize Electronic Communications to notify you. This includes automated phone calls, e-mail, and text messages.

No-Show and Late Cancellation : Because cancelled appointment slots for surgeries, MRI, and other procedures are difficult to fill without adequate notice, the following charges will be applied for appointments that are not cancelled at least 24 hours prior to the appointment time.

- MRI Appointments : \$100.00
- Appointments for ESI (epidural, steroid injection), Tenex, or Surgical Procedures : \$150.00