

PAYMENT OPTIONS

To assist patients in paying accounts balance you may contact our office to make arrangements to pay the balance in full with a 25% discount within 30 days of the statement date, set up payments to pay your balance in full over a 3 month period, or request that your account be transferred to an outside agency for other payment arrangements. The outside agency is not a collection agency.

SELF PAY ACCOUNTS

Accounts that have not been paid in full in 30 days or have not been paid satisfactory according to agreement will be transferred to an outside agency for other payment arrangements. Accounts that are not paid within 30 days of the statement dates will automatically be sent to an outside agency for payment arrangements at 45 days.

Accounts that have been sent to an outside agency for other payment arrangement may be transferred to a collection agency if payment agreements are not met.

If legal action is initiated by ourselves or by our agents for collection, the non-prevailing party promises and agrees to pay reasonable legal fees and costs, as set by the court having jurisdiction including Attorney's fees and costs in any appellate court.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize the physicians of South Coast Orthopaedic Associates to furnish the insured's insurance company all information that said insurance company may request. This authorization extends to all treating physicians.

I hereby assign to the physicians of South Coast Orthopaedic Associates all insurance proceeds to which I am entitled for

medical and/or surgical expenses relative to service performed from time to time, but not to exceed my indebtedness to said physicians and surgeons.

NO SHOW POLICY

If you are scheduled for an appointment it is important that you communicate with us in the event you are not going to be able to make it to your appointment. Our policy indicates that if you do not call to cancel your appointment 24 hours prior we will bill you \$20.00 for not notifying us that you could not make your appointment. If you miss 3 appointments within a 6 month time frame you could be discharged from the clinic. The no show fee of \$20.00 is not billable to insurance companies and would be the patients' financial responsibility to pay before they are seen in the clinic again.

DISCLOSURE

In the event we need to contact you by land line or cell phone, the FDCPA (Federal Debt Collection Practices Act) requires us to obtain your permission. Signing this form grants us permission to contact you at either phone. We use an Auto Remind phone messaging program to remind patients about upcoming appointments. If you do not want reminder messages left, please let us know immediately and we will take your name off the list.

DETACH AT PERFORATION AND RETURN TO SOUTH COAST ORTHOPAEDIC ASSOCIATES



Jason S. Bell, M.D.
Jeffrey K. Bert, M.D.
Aleksandar Curcin, M.D.
Shaun M. Hobson, M.D.

Michael V. McLean, M.D.
Ryan D. Pederson, D.P.M.
Cary T. Valler, M.D.

South Coast
Orthopaedic
Associates, P.C.

541-266-3600
1-800-930-7668

2699 N. 17th Street
Coos Bay, Oregon 97420

Patient Name: _____

Account #: _____

Please return this signature page along with your registration paperwork or you may return it on the day of your appointment.
If you have any questions about this Financial Policy, please either call 541 - 266-3600, ext 4 or ask when you come in for your appointment. By signing this Financial Policy signature page you are indicating you have read and understand its contents.

Patient/Responsible Party Signature	Date
Patient/Responsible Party Printed Name	

Clinic Staff Signature

Date

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Financial Policy

Welcome to South Coast Orthopaedic Associates. This policy has been prepared to assist you in understanding our billing, credit and collection policies. Any questions concerning these policies should be directed to the Patient Accounts Dept. at 541-266-3600 then select option 4, they can be reached Monday through Friday from 8 a.m. to 5 p.m.

INSURANCE BILLING

As a courtesy to our patients, we will bill your insurance company. South Coast Orthopaedic Associates cannot accept responsibility for collecting your insurance payments or negotiating a settlement on a disputed claim.

Remember, in most cases, the insurance contract is between the patient and the insurance company, not the physician; therefore, the PATIENT is responsible for the bill regardless of the insurance company.

South Coast Orthopaedic Associates does not participate with all insurance companies so you may want to check with your insurance company prior to your appointment to see what their policy is on nonparticipating providers.

CO-PAYS AND CO-INSURANCE

If your insurance has a co-pay, the receptionist will collect your co-payment prior to your visit with the physician.

Many insurance companies now require co-insurance rather than a co-pay. Plans, for example, that pay 80% and leave the patient responsible for a 20% co-insur-

ance will now be collected at the time of check out. Please be prepared to pay with either cash, check, Visa or Mastercard.

USUAL AND CUSTOMARY

Insurance companies use the term "usual and customary" when establishing fee limitations on services. This term suggests, but does not necessarily reflect, the average fees charged by the physicians in the community. Many insurance companies will pay a claim percentage based upon their "usual and customary" and not our actual charges.

In most cases, the difference between our billed charges and the insurance payment is the responsibility of the patient.

BILLING WITHOUT INSURANCE

Private pay accounts are expected to make payment arrangements to pay their bill upon arrival to our facility for each appointment or surgical procedure. When services are paid in full at the time of service a discount will be given.

STATEMENTS

Although insurance payments may be pending, you will receive a statement each month if your account has an outstanding balance. You are responsible for the payment of your account for services received and billed. After the insurance has paid their portion and the balance is transferred to "Self Pay" you will be sent a statement from our office. If you have any questions regarding your balance, please call, Patient Account at 541-266-3600.