

FINANCIAL POLICY

INSURANCE

If you carry health care insurance, we will file claims with your carrier on your behalf; however, to provide this service to you, we must have a copy of your current insurance card. If this information changes during treatment or at any time that you receive services from us, it is your responsibility to provide us with updated, accurate information. Forté Sports Medicine and Orthopedics cannot be responsible for any penalties or denial of payment as a result of incorrect insurance information.

Managed Care

Forté Sports Medicine and Orthopedics maintains contractual relationships with several HMOs and PPOs. We agree to accept those insurance carriers' determination of usual and customary fees; however, you are responsible for co-payment, deductible, and any co-insurance amounts.

Should your insurance carrier require a referral from your primary care physician, such referral must be obtained prior to being seen by one of our providers. If you arrive at our office without a referral and are unable to obtain one by phone at that time, it is your responsibility to pay the visit in full at the time of service. Because of our contracts with insurance carriers, we cannot see managed care patients without a referral without violating the terms of those contracts.

Should you require ancillary services (such as MRI or physical therapy), please be familiar with your insurance policy so that we can assist in directing you to an appropriate provider to minimize your risk of incurring out-of-network expense or penalties.

Additional Information

In order to approve payment of your medical bills, your insurance carrier may request additional information from you (such as accident information or subrogation information). It is your responsibility to provide that information to them as soon as possible. Since payment of all charges for your medical care is ultimately your responsibility, it is to your benefit to provide all necessary information to assist in prompt insurance payment of your incurred charges.

Being familiar with your insurance benefits will help avoid payment misunderstandings.

If you do not carry health care insurance, you will be responsible to pay for your services in full at the time they are rendered. This includes, but is not limited to, claims resulting from a motor vehicle accident or other third party liability.

RESPONSIBLE PARTY

You will be responsible for charges regardless of any divorce decree or court order regarding payment of medical bills.

SCHEDULED APPOINTMENTS

If you are a new patient to Forté or are presenting with a new problem, you should arrive at our office at least 30 minutes prior to your scheduled appointment to have adequate time to complete the paperwork necessary to allow handling of your insurance claim. Please provide at least 24 hours' prior notice if you are unable to keep your scheduled appointment with us to avoid missed appointment charges.

NON-SUFFICIENT FUNDS CHECK

Your account will be charged \$20.00 each time a check is returned for non-sufficient funds. Any future payments must be made with cash, money order, or credit card.

YOUR ACCOUNT BALANCE

Forté Sports Medicine and Orthopedics' contract with your insurance carrier requires that your co-payment must be paid at the time that service is provided. Once our office has received payment from your insurance carrier, it is your responsibility to pay any remaining balances within 30 days. Finance charges may be incurred on any patient balance that is past due. We recognize that there are times when the balance cannot be paid within this time frame. To help you in those times, we can offer a payment plan.

Please contact the FORTÉ Billing Department at (317)817-1200 to discuss such arrangements.

To assist you in managing and understanding your account and charges with us, you will be provided with a monthly statement. Should you notice any charges that are not being paid by your insurance carrier in a reasonable time, we suggest that you contact your insurance carrier to determine what action is necessary to resolve those charges to minimize your financial risk. You will continue to receive billing statements until your account is paid.

Delinquent account balances over 150 days old may be referred to an agency for collection. Any attorney fees or court costs incurred in the collection of this debt will remain the sole responsibility of the patient or the patient's guarantor.

Forté Sports Medicine and Orthopedics abides by managed care and federal government billing guidelines. Increasing regulations have made medical service charging and patient billing very complicated. We will make every effort to ensure that your account is handled appropriately. If problems arise with your account, we will need to assist each other to resolve issues quickly and fairly.

I, the undersigned, have read, understand, and agree to abide by the above information. I authorize payment of medical benefits to Forté Sports Medicine and Orthopedics for any services rendered to the patient listed below. I understand that I am financially responsible for any amount not covered by insurance.

Patient Printed Name: _____

Responsible Party Printed Name / Relationship: _____

Responsible Party Signature: _____

Date: _____