

ORTHOPEDIC SURGERY, P.C.

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WELCOME to Orthopedic Surgery, P.C., and thank you for choosing us for your medical care. Clarification of the following matters is intended to eliminate confusion or future misunderstanding.

1. Patient Information and Medical History Sheets:

For your safety, **please write legibly on the Patient Information and Medical History sheets and respond to all questions.**

2. Identity:

For your security, proof of identity must be produced at your initial office visit.

3. Insurance:

- **Proof of insurance must be provided at each office visit. If we are unable to verify your insurance coverage, all charges will be payable at the time of service.** Orthopedic Surgery, P.C. files claims for the following: Medicare, Medicaid, Worker's Compensation, CHAMPUS/Tricare, indemnity health insurance plans, and certain PPOs, POSs, and HMOs. It is in your best interest to verify with your insurance carrier that we are on your plan prior to your first visit and at any time you change insurance carriers or plans. Your signature below authorizes payment of medical benefits directly to Orthopedic Surgery, P.C.
- You understand that **it is your responsibility to obtain a referral or authorization to be treated in our office, if that is required by your insurance plan.** Without the referral or pre-authorization required by your insurance plan, you will be responsible for the charges at the time of service.
- Please understand that **benefits through insurance carriers and plans differ.** All services and supplies that are not covered or paid for by the insurance carrier are the responsibility of the patient (or responsible party).
- We **do not** file claims with third party Automobile Insurance, Liability Insurance, Home Owners Insurance or any other third party insurance.

4. Payments for Services:

- **All co-payments and deductibles must be paid at the time of service.** We may confirm these amounts with your insurance carrier, and we will request these payments when indicated.
- Patient charges not covered by insurance will be the responsibility of the patient/responsible party and are **due at the time of service.**
- We are happy to accept cash, check, or credit card, whichever is better for you at the time of service. **Please be prepared to make payment to the Check-In Assistant each time you check in.**
- For your convenience, we will gladly accept your personal check for payment of services. In the unlikely event that these funds are not honored by your bank, we reserve the right to collect them electronically for the face value of the check, plus a \$30 or 5% processing fee. Your authorization to proceed with this convenience is provided with your signature below.
- The **balance on your statement is due and payable at your next office visit or upon receipt of your statement,** unless other arrangements are agreed upon in writing.

- **Past Due Accounts:** If your account becomes past due we will take necessary steps to collect this debt. Your delinquent account will be reported to credit bureaus. If we have to refer your account to a collection agency, you agree to pay all of the collection costs (34% of the past due amount). If we have to refer collection of the balance to a lawyer, you agree to pay all legal fees incurred plus all court costs. In case of suit, you agree the venue shall be Forsyth County, Georgia.

4. Worker's Compensation Injuries:

Patients being seen for Worker's Compensation claims will only be seen after confirmation has been received in our office from the Employer and/or Insurance Company. If the claims are subsequently denied, you will be immediately responsible for all charges incurred related to the reported injury.

5. Medical Treatment and Payment of Charges for Minors:

- Georgia law requires that a parent or guardian (with written permission of parent) authorize treatment for a minor (under age 18). It is that adult's responsibility to ensure payment at the time of service if the minor is not covered by a verifiable insurance plan.
- Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

6. Consent to Treatment:

Your signature below is your consent to treatment by Orthopedic Surgery, P.C., with the understanding that you will furnish accurate information regarding your injuries and will cooperate when referred to other physicians or medical facilities for examination or testing. Your non-compliance with the plan of treatment may result in the refusal of further care from Orthopedic Surgery, P.C.

7. Release of Information:

Your signature below authorizes Orthopedic Surgery, P.C. to release any information acquired during your evaluation or treatment as may be necessary for processing health care claims, and to any referring physician or referring facility for the purpose of your medical care or reimbursement. Your signature also authorizes Orthopedic Surgery, P.C. to obtain medical records from any other physician or facility necessary during the course of your treatment.

8. Copy of Medical Records:

By law, your medical record belongs to the practice. We will forward a copy of your medical record to another physician if you provide us with the fax number or mailing address. If you would like your own copy of your medical records, we will be happy to provide you with one upon receipt of a signed medical release form and a payment of \$25. Please allow 7 business days to process these requests.

A photocopy of this form is considered to be as valid as the original. **By signing and dating below, you are agreeing to all of the above statements.** Thank you. We look forward to working with you to achieve your healthcare goals!!

Patient's (or Responsible Party's) Signature

Date