

FINANCIAL AGREEMENT

Thank you for choosing Panorama Orthopedics & Spine Center as your orthopedic provider. We are committed to delivering outstanding healthcare and customer service. The following is our current financial policy.

For our patients with health insurance: POSC will submit an accurate claim to contracted insurances as a courtesy to our patients. This will require accurate information to be provided by the patient at each visit to ensure timely payment processing. Should the patient not provide accurate insurance data then a bill will become due by the patient at the time the insurance denies payment.

POSC CANNOT: waive co-pays, deductibles, co-insurance, or non-covered service amounts defined as patient responsibility under the terms of our contract with the health insurance. Patient co-pays are expected at the time of service and any remaining balance is expected upon receipt of a statement from our office.

Self- Pay patients: Self-Pay patients are defined as patients without any insurance coverage. Self-Pay patients will be required to pay \$200.00 at each visit for services rendered at POSC. Your payment of \$200.00 will cover the visit with the provider, any in-house x-rays taken, non-operative fracture care and casting materials Not included in the self-pay fee; advanced imaging such as MRI's and CT scans, injections and associated injected drugs, and other advanced care as needed (such as surgery, physical therapy, and DME).

For surgical services: a minimum of 60% of the surgery cost is required prior to scheduling. This does not include facility fees or anesthesia

You may be billed, in addition to the \$200.00 charge, if any other services are preformed that are not outlined above. Payment for all self-pay services is required prior to treatment

Patients with workman's compensation insurance: Your employer must file an injury report before an injury can be billed to Workman's Compensation. You will need to provide us with the insurance carrier, their address, date of injury, claim number associated with your case and the name of your case managers. If the claim is denied by Workman's compensation we will bill your health insurance or you will become responsible for any charges.

For auto accidents or liability patients: POSC does not bill auto insurances or third party insurances.

Methods of payment: We accept all major credit cards. To pay your bill online please visit our website at WWW.panoramaortho.com. We also accept checks and cash.

Past due accounts: All patient responsible balances will become delinquent 15 days after our request for payment. After 30 days your account will be turned over to an outside collection agency. If the account remains delinquent, the patient will be unable to schedule any further appointments until the debt has been settled.

Cancellation: POSC requires 24hour advanced notice to cancel appointments. A \$75.00 no-show fee may be applied for certain diagnostic services such as EMG's

Thank you for your understanding of our financial policy. If you have any questions regarding this policy or your account please contact our Customer Service Department at 720-497-6637

I have read and understand the financial policy of the practice and I agree to its terms. I also understand that the terms may be amended by the practice.

Signature of patient/responsible party

Date

Please print Patient Name

Date of Birth- Required