

## 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 the self-pay rate at each visit for services rendered at POSC. Your payment will cover the visit with the provider and one in-house x-ray; examples of items not included in this rate: 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). You may be billed an additional balance for any other services that are performed not outlined above.

**For surgical services:** 100% of the surgery cost is required prior to scheduling. This does not include additional ancillary fees such as, facility fees, anesthesiology or physical therapy.

Payment for all self-pay services is required prior to treatment.

Patients with Workers Compensation insurance: Your employer must file an injury report before an injury can be billed to Workers 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 manager(s). If the claim is denied by Workers 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.

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.

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



## **HIPAA** and Patient Communication Policy

Under HIPAA, we may discuss your protected health information, including care or financial information with individuals involved in your care if you are not present or do not have the capacity to agree or object, if in the professional judgement of POSC physician or other caregiver, we conclude that the disclosure is in your best interest. The disclosure is limited, in this circumstance, to protected health information that is directly relevant to that individual's involvement in your care. If you would like to identify specific individuals to whom we may make the foregoing disclosures, such as in the event POSC is unable to reach you or in response to an inquiry, please list them here:

\*\*By providing your cell number and email you are agreeing to be contacted for appointment reminders and physician surveys. We utilize third party companies such as Odesa and Social Climb to provide health care operation services.\*\*

I understand the contact information on the Registration Form will be relied upon to communicate with me regarding my medical and financial information until such time as I notify POSC in writing of a change, at the address listed below.

HIPAA Acknowledgement: I acknowledge I have been provided with POSC's Notice of Privacy Practices or with an opportunity to obtain a copy and I have declined. PLEASE SEE THE POSC NOTICE OF PRIVACY PRACTICES FOR A COMPLETE STATEMENT OF OUR USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION AND YOUR ASSOCIATED RIGHTS. OUR NOTICE OF PRIVACY PRACTICES IS AVAILABILE ON OUR WEBSITE, WWW.PANORAMAORTHO.COM OR AT ANY OF OUR OFFICES.

Electronic Medical Records and Prescription Access: I acknowledge that the office uses electronic medical records and may use such system to look at and prescribe medications.

## **Insurance Authorization and Assignment of Benefit**

Please print Patient Name

I authorize the Physicians and Physician Assistants at Panorama Orthopedics and Spine Center to treat my illness or injury. I hearby authorize the release of medical information necessary to process my claim and I authorize payment of medical and surgical benefits to Panorama Orthopedics and Spine Center.

Then following physicians have an ownership interest in Golden Ridge Surgery Center:

Amit Agarwala, MD, Mark Conklin, MD, Premit Deol, MD, Bharat Desai, MD, Jaren Foran, MD, Douglas Foulk, MD, Charles Gottlob MD, James Johnson, MD, Peter Lammens, MD, Lonnie Loutzenhiser, MD, Patrick, McNair, MD, Roger Murken, MD, Nimesh Patel, MD, Mitchell Robinson, MD, Edmund Rowland, MD, David Schneider, MD, Mitchell Seemann, MD, Douglas Wong, MD.

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 be the practice.	
Signature of patient/responsible party	 Date

Date of Birth-Required