

**Dr. Daniel C. Eby D.O. PC**  
**Orthopedic Surgery & Sports Medicine**

**Patient Financial Policy**

Thank you for choosing us as your health care provider. We are committed to building a successful physician-patient relationship with you and your family. Please understand that payment for services is part of that relationship. The following is a statement of our Financial Policy, which we require you to read and sign prior to treatment.

**PATIENT INFORMATION:**

A fully completed, current patient registration will be on file in the patient chart during the time in which the patient is considered an active patient. Patient registration will be updated by the patient yearly and will include where the patient can be reached by phone. A signature by the responsible party is required.

**INSURANCE CLAIMS:**

**Primary Insurance:** We will file claims with the patient's insurance upon the patient's submission of proof of insurance (i.e. insurance card indicating coverage, identification number and group number). In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of service unless prior arrangements have been made with the Billing Office. Upon receipt of the insurance card, we will submit the health insurance claim form indicating patient payment at the time of service.

**Secondary Insurance:** Claims will be filed with secondary insurance if adequate information is received at the time of service. However, if payment is not received in our office within 45 days after filing, responsibility will be transferred to the patient and due upon receipt.

**PATIENT FINANCIAL RESPONSIBILITY:**

If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, **full payment is expected at the time of service.** If necessary, we can set up a payment schedule. Payment arrangements will be made with the approval of the Billing Office.

**Co-payments and payment for non-covered services are due at the time of service. We accept cash, checks, money orders, and credit cards.**

**MINORS/DEPENDENTS:**

Children under the age of 18 will require the signature of a responsible party on the registration form.

**WORKERS' COMPENSATION:**

Worker's compensation will be filed if the patient notifies us when scheduling the appointment and supplies billing information at check-in. Details of the accident will be required and a workers' compensation form must be completed.

**METHOD OF PAYMENT:**

Acceptable methods of payment are cash, check, money order, VISA, MASTERCARD, DEBIT CARD, DISCOVER. Credit card payments can also be accepted by phone or fax.

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**PAST DUE ACCOUNTS:**

Any outstanding balance, after insurance has paid, will be invoiced to you on a statement. Payment is due upon receipt of the statement.

Prolonged delinquency in payment may result in preparation of account for small claims court, collection agency and/or credit bureau reporting with possible discharge from the practice. *The submission of false information on a patient account will result in the account automatically being turned over to collections* (i.e. fraudulent mailing address and other necessary contact information). In the event an account is turned over for collection, the person financially responsible for the account will be responsible for all collection costs including reasonable attorney fees and court costs. A patient may remit in full for all outstanding charges owed on account including amounts previously placed with the collection service. Under these circumstances, a physician may reserve the right to re-establish the patient to active status in the practice.

**MISSED APPOINTMENTS:**

We request the courtesy of a 24-hour notice of cancellation. Three consecutive missed appointments without notice will be documented and may result in discharge from the practice. We have a NO SHOW policy. There will be a \$40.00 charge for patients who do not show for their scheduled appointments, if those appointments are not canceled in advanced. This fee must be paid prior to being seen at the next scheduled appointment.

**ACCOUNT CONSULTATION:**

Physicians do not discuss financial issues. Our staff is trained to discuss your account with you. If you find it necessary to make payment arrangements, please ask to speak to the Billing Office.

**MEDICAL RECORDS:**

If you need us to transfer your records to another physician, please contact the office. They will provide you with the HIPPA compliant documents.

**ACKNOWLEDGEMENT:**

I have read the financial policy.

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Signature

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Date