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Patient Financial Policy

The physicians and staff of Eastside Orthopedics & Sports Medicine are pleased to welcome you to our facility and to let you know that we are dedicated to not only providing you the very best medical treatment but to ensuring that your patient experience is a pleasant one.

Purpose

We have developed these financial policies to help you understand our patient billing policies and procedures to avoid any miscommunications about the handling of your bills and accounts. Being familiar with and following this Policy will go a long way in ensuring you a pleasant patient experience and maintaining the understanding and respect that are important to the physician-patient relationship. We ask that you please, read and sign the policy and return it to our receptionist.

Check your coverage before making an appointment

We fully understand that health insurance plans and benefits can be quite confusing. But we also want to remind you that it is your responsibility to be familiar with the key aspects of your benefits plan, including whether it covers the specific treatment you seek from Eastside Orthopedics & Sports Medicine. If you are unsure of your coverage, we ask you to please call your insurance provider using the customer service number listed on your insurance card **before** scheduling your appointment with Eastside Orthopedics & Sports Medicine.

Registration

When you arrive for your initial visit with Eastside Orthopedics & Sports Medicine, one of your patient service representatives will collect your billing information including your:

Address	Birthdate	Emergency contact
Telephone number	Insurance information	information
Social security number	Employer Information	Accident information

Keeping this information up to date is very important. Accordingly, when you arrive for each subsequent visit to Eastside Orthopedics & Sports Medicine, one of our receptionists may ask you to verify that this information remains true and revise information that is no longer up to date before you see a physician.

Billing and payment

Patients are ultimately responsible for paying for the care they receive even if they have insurance coverage. For your convenience, Eastside Orthopedics & Sports Medicine accepts cash, personal checks, debit and credit cards, (Visa and Mastercard only.)

- a. **Health Insurance:** If you will be using health insurance to settle your account, you will be asked to present your current insurance card at each visit. Eastside Orthopedics and Sports Medicine will collect any applicable co-pays that apply under your insurance for the visit.

Eastside Orthopedics & Sports Medicine will gladly file a claim on your behalf with your health insurance company for the treatment you receive. We will file an initial claim based upon the information you provide to us. Under state law, your insurance company has 30 days to process and pay the claim, request more information, or deny the claim and notify us of the decision. You are responsible for services you receive from Eastside Orthopedics & Sports Medicine that your insurance plan does not cover.

- b. **Self-pay:** A self-pay account is defined as follows: A patient does not have a valid insurance referral on file; Patient does not have health insurance coverage; Patient is covered under a insurance plan Eastside Orthopedics & Sports Medicine does not participate in. If you are self-pay, you will be expected to pay the day's charges on the day of the service. If you are having surgery you will be expected to make mutually agreeable payment arrangements before receiving the service.
- c. **Workers' Compensation:** Eastside Orthopedics & Sports Medicine provide services under workers' compensation plans. If you need to see a physician for an injury or illness related to your employment, please contact your employer to complete the "801" first report of injury form. Failure to properly report this injury to your employer may result in your claim being denied. Denied claims will be your responsibility. You will need to provide us with the claim number if available, as well as the address to which the bill is to be sent.
- d. **Automobile Injuries':** If your visit is related to an automobile accident, Eastside Orthopedics & Sports Medicine request that you provide us with information that will assist us in getting your medical claims paid. Please contact your automobile insurance and request the Personal Injury Protection Forms to complete.
- e. **Third party liability claims:** If your services are due to a third party liability claim, Eastside Orthopedics & Sports Medicine reserves the right to treat the claims as a self-pay account as the liability claim does not guarantee payment.

6. Un-canceled appointment fee

Eastside Orthopedics & Sports Medicine requests that patients please give at least 24 hours' notice (one business day) if they will not be able to keep their appointment. Patients who fail to provide appropriate notice may be charged a cancellation fee of up to \$50.00.

7. Returned checks fee

Eastside Orthopedics & Sports Medicine will charge a returned check fee of \$35 for any check returned by your bank for non-payment (insufficient funds).

8. Billing statements

Eastside Orthopedics & Sports Medicine will send you an itemized statement listing the services you are being billed for and the balance due for the service from both you and your insurance company. All balances are due in full within 30 days of the statement date. If you have any questions or concerns regarding your account or insurance claim, please contact our Business Office. Our representatives will make every effort to assist you, clarify any misunderstandings, and provide you the information you need to resolve your problem and restore your account to good standing. Eastside Orthopedics & Sports Medicine reserves the right to report delinquent accounts to credit bureaus, take other collection action, or terminate you as a patient of this practice.

9. Disability or Insurance Forms: Eastside Orthopedics & Sports Medicine will charge \$10.00 for completion of medical forms. Payment is due at the time that you pick up the forms. Please allow 7-10 days for completion. If you would like the forms mailed or faxed to your insurance company, payment will be due prior to mailing or faxing.

10. Surgery Pre-pays: Eastside Orthopedics & Sports Medicine will contact your insurance for deductible and co insurance percentages. You may be asked to pay a pre-payment prior to your surgery date. Our Business Office will contact you for payment arrangements prior to the surgical event. The estimate will be only for the surgeon fee. The hospital, surgery center, anesthesia and pathology charges are all separate and will be billed to you by each provider of service.

- I understand that I am responsible for obtaining any referral which may be required by my insurance.
- I authorize Paul D. Ruesch, MD and /or Bret T Kean, MD and/or Akash Gupta, MD and /or Heather Beissinger, PA-C to release information to my primary care physician.
- I authorize Paul D. Ruesch, MD and /or Bret T Kean, MD and/or Akash Gupta, MD and /or Heather Beissinger, PA-C to release information to my employer if this is a work-related condition.
- I hereby acknowledge and understand that if I am scheduled for a surgical procedure that my procedure may be performed at a center that is partly owned by one of the physicians named above.
- I hereby acknowledge and understand that if I am scheduled for an MRI that my procedure may be performed at a center that is partly owned by one of the physicians named above.
- I authorize photography of my surgical site and understand they will become a part of my medical record.
- I understand that I am financially responsible for any charges incurred by myself or dependent whether or not paid by my insurance.
- I furthermore assign to Paul D. Ruesch, MD and /or Bret T Kean, MD and/or Akash Gupta, MD and /or Heather Beissinger, PA-C all insurance payments relative to the services performed.
- By signing below, I agree that I have reviewed and understand the information above and I agree to abide by all said terms.

PATIENT SIGNATURE _____

DATE _____