



FINANCIAL POLICY

The intent of this document is to inform you of Strand Orthopaedic Consultants Financial Policy. Please read this document carefully, sign and date the bottom indicating that you read, understand and agree to comply with our policies.

- Payment for all services rendered is due in full at the time services are rendered. Exclusion to this policy includes those patients who are a member of a health insurance SOC participates with.
- If your insurance is a member of a health care organization that SOC participates with we will file your visit(s) with this organization. Your co-payment is your responsibility and due at the time of service.
- Medicare patients are responsible for any items deemed Medically Unnecessary by Medicare.
- You will be billed in full for any services that your health plans deems to be a non-covered service or any balances due after we have received payment from your insurance carrier. All balances are payable within 30 days after receipt of the statement. Paying your co-payment is not acceptable as a monthly payment.
- It is SOC policy that any patient eighteen years or older will be financially responsible for all charges incurred. SOC does not get involved in divorce or separation. Any patient under the age of eighteen, the parent who accompanies the minor for their visit will be financially responsible for all charges.
- We accept Cash, Personal Checks, Visa, MasterCard, American Express, Discover, Travelers Checks and Money Orders.
- SOC reserves the right to turn any patient over to an attorney and/or collection agency if it is deemed that the account has been in default of payment. I further understand that if my account is turned over to a collection agency, a 30% fee will be charged to your account by SOC, prior to being turned over.
- A \$30 (thirty) Returned Check fee will be assessed to your account for every check returned to SOC as non-payable.
- Auto/Liability Injuries are your responsibility. We do not participate with liability insurance.
- For Liability reasons, SOC has established a policy that does not allow us to release original x-rays. Any patient requesting x-rays will be charged \$5 per sheet for copies, payable at the time of the request. 36-hour notice is required for all copies.
- Disability forms are completed with a turn around time of 5 working days, at the cost of \$10 per form.
- There will be a \$10 charge for a personal copy or the permanent transfer of your records. SC HIPPA rate of \$.65 for the first thirty pages and \$.50 per page thereafter. Please allow a 5 day turn around time.
- We will accept a payment under \$50 for a maximum of six (6) months.
- **If you have an HMO whether primary or secondary it is your responsibility to inform the front desk. If we were not informed of an HMO and payment was denied you will be held responsible for any charges incurred.**

I _____ (please print your name) have read and understand the above policy. I agree to the terms outlined in this policy and understand that if I do not comply with this policy I can be turned over to a collection agency or attorney for payment of debt.

Signature _____ Date _____
Signature of Responsible Party