

Payment Policy

We are committed to your entire experience here being successful. You have a financial responsibility that obligates you to ensure full payment of your bill, as we are not a part of the contract between you and your insurance company. All patients must complete and sign the entire welcome packet before they see the physical therapist. Orthopaedics Plus has designed this financial policy to prevent any surprises at the end of the patient's care. Please read it and ask us any questions you may have.

Insurance

We need complete and accurate information about your policy. We must obtain a copy of your current valid insurance to provide proof of insurance. This would include both primary and secondary insurances. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim. Knowing your insurance benefits is your responsibility. As a courtesy, Orthopaedics Plus will call the provided insurance company to verify eligibility and benefits. However, this will not be a guarantee of eligibility and benefits. Unless 100% coverage has been verified, you are responsible for the percentage and/or deductible not covered by your insurance company. Please contact your insurance company with any questions you may have regarding your coverage.

If Orthopaedics Plus is out-of-network for your insurance plan, you can still be seen but you are responsible for meeting the out-of-network deductible before your insurance will begin to reimburse for the services rendered. You are responsible for co-payments and/or coinsurance. You are also responsible for the difference between billed charges and your insurance company's maximum allowable charges. Your out-of-network benefits for outpatient physical therapy should be explained in your insurance policy's "Schedule of Benefits". Orthopaedics Plus requires a minimum of \$40 per session for patients who have an out-of-network insurance policy.

Private pay service is exclusively a non-insurance financial arrangement. Private pay receipts cannot be submitted to insurance for reimbursement. Please inquire about our current private pay rates. Payment is due in full at the time of each session.

Copayments, co-insurance, deductibles

All co-payments, co-insurance, and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments, coinsurance, and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment and/or coinsurance at each visit unless a payment plan has been arranged prior to any services.

Auto and worker's compensation claims

In the case of worker's compensation or auto claims, you need to complete and sign additional forms. You must still provide us a copy of your personal insurance card. In the event your claims are denied by the liability carrier or that the personal injury protection benefits are exhausted, we will file claims with your personal health insurance policy. If your personal insurance policy denies the claim for any reason, you are responsible for the full payment of your bill. Payment for services must be rendered in a timely manner. Orthopaedics Plus is not able to carry service balances due to delays in processing claims or litigation. Please be advised that full payment of each service will be due after sixty days of that service.

Minors

A parent or legal guardian must accompany the minor patient at the time of the initial visit. The parent or legal guardian is responsible for full payment as outlined in this financial policy. If the parents are separated and both legally responsible for the child, you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

Claim submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance will automatically be billed to you.

Payments

You will receive a monthly statement which will show you the status of your account. All accounts must be paid in full at the end of each month. Failure to pay any balance within 120 days will result in turning your account over to a collection agency regardless of payments.

If your account is over 60 days past due with nonpayment, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted, unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

We accept all major credit cards, checks, and cash. All returned checks are subject to a \$50.00 service charge.

Cancellations and No-shows

We value your time as our patient. We hope that you will also value the time of our therapists by calling our office at 781-229-8011 (Burlington) 978-927-0907 (Beverly) if there is a reason that you are unable to keep your appointment. If you know you will be late for an appointment, please give us a call to be sure you can still be seen and to check if rescheduling is necessary. Cancellations are requested 24 hours prior to the start of your appointment. If you fail to come to your appointments, the following policy is enforced:

- First No-Show/late cancellation: You will receive a phone call informing you that you missed the scheduled appointment.
- Second No-Show/late cancellation: You will receive notification that two (2) appointments have now been missed without notifying the office within the appropriate time frame and you will be charged a \$50.00 fee.
- Third No-Show/late cancellation: You will receive notification regarding your no-show history and you will be charged a \$50.00 fee. Another no-show may result in dismissal from the clinic.

These charges will be your responsibility and billed directly to you.

Repeated failure to comply with this cancellation policy will result in your name being placed on a "Schedule Based on Availability" list. This will require you to call for an open appointment on each day you would like to receive therapy. We will do everything possible to accommodate you, as space on the schedule permits.

Refunds

Overpayments are refunded to the appropriate party, normally the insurance company or the guarantor. Patient refunds will not be processed until all active or past due accounts are paid in full.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy.

Please let us know if you have any questions or concerns.