



320 Warner Drive | Lewiston, ID 83501
(208) 743-3523 | (800) 841-3523 | Fax (208) 746-8741

www.lewistonortho.com



Patient Financial Policy

Welcome to Lewiston Orthopaedics.

Our staff looks forward to assisting you and making your visit a pleasant one.

Please sign and return form at your initial office visit.

Private Pay: If you do not have insurance coverage, we require a minimum payment of \$125.00 to be applied towards your initial charges. In addition, you will be asked to make arrangements to pay for any remaining balance from your initial visit and any future treatment.

Co-Pay: Your insurance requires you to pay at time of service. We are a specialty office; therefore your co-pay may be higher. Please contact your insurance company for your specialist co-pay amount.

Insurance: Our relationship is with you, the patient, not with your insurance company. As a courtesy to you, we will submit a claim to the insurance company for which you have provided billing information. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurances as well as any change of insurance. **Failure to provide complete insurance information may result in the bill being charged directly to you.** If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance. If claims for services provided to you are denied by your insurance company, you will be responsible for payment in full.

Patients could also be responsible for any balances because of any/all of the following:

- Co-insurance balances
- Yearly deductible amounts
- Non-covered services
- Out of network charges
- Terminated coverage
- No insurance coverage
- Exhausted auto-benefits
- Denied workers' compensation claim
- No referral obtained from Primary care physician
- Failure to respond to insurance carrier correspondence
- No pre-authorization obtained from insurance for services requiring pre-authorization

Medicare/Medicaid: We participate with Medicare, Idaho Medicaid Plans, Molina Healthcare of Washington, and traditional Washington Medicaid. **We DO NOT contract** with Community Health Plan of Washington, United Healthcare Community Plans, Amerigroup Real Solutions, and Coordinated Care. There may be services and supplies rendered that are not covered by Medicare/Medicaid and therefore require a waiver be signed. By signing the waiver, you understand that you are financially responsible for payment of those services and/or supplies.

Estimated Charges: Estimated fees for treatment are only an "estimate." The actual balance will not be known until treatment has been performed and completed. You are responsible for the actual billed charges and not the "estimated" fees.



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****If you have surgery at our outpatient facility, you are responsible for disallowed charges that may not be covered under your insurance plan. It is your responsibility to know your plan.**

Billing Statements: A monthly statement will be sent for balances due after insurance has been processed. Payment is due upon receipt of this statement and will be paid in full within thirty (30) days.

****If you have surgery at our outpatient facility, you will receive a separate monthly statement.**

Payment Options: We accept cash, check, Visa, MasterCard, Discover, and American Express.

We also offer CareCredit Patient Payment Plans. For more information, please contact our billing office at (208) 743-3562 or visit www.carecredit.com.

If you are unable to pay the entire amount, it is your responsibility upon receipt of the statement to call the billing office at (208) 743-3562 to discuss payment options.

Returned Checks: Will be subject to a \$20.00 fee.

Delinquent Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If you receive a collection letter from us, the most important thing you can do is contact us. Our staff can assist you in setting up satisfactory payment arrangements.

Balances not paid within 90 days will be reviewed for placement with an outside collection agency. Patients whose accounts are placed with an outside collection agency are discharged from any future services or treatment.

I have read and understand the financial policy of Lewiston Orthopaedics.

Signature of Responsible Party

Date