

ACKNOWLEDGEMENT

ADMISSION REQUIREMENTS

() **\$25.00 MINIMUM PER VISIT FEE: ANTICIPATED CO-INSURANCE PAYMENT:** A \$25.00 anticipated co-insurance payment will be required at the time of service by all patients of Peak Orthopaedics, PLLC. This fee is your anticipated co-insurance payment for services rendered at our facility. If any overpayments occur, patients will be refunded upon receipt of insurance payment. If your insurance card indicates that you have a visit co-payment higher than our minimum policy, you will be required to make that higher payment. The only exceptions to co-insurance payments are as follows:

1. Patients with Medicare as their primary insurance with a supplemental.
2. Patients with Medicaid fall under Medicaid guidelines listed below.
3. Workman's Compensation patients with a claim number are exempt.

() **PAYMENT DUE IN FULL IF YEARLY DEDUCTIBLE NOT YET MET.** All patients who have not met their deductible will be required to pay for their bill in full at the time of service..

() **PAYMENT DUE IN FULL IF OUT-OF-STATE or OUT-OF-COUNTRY INSURANCE.** Patients with out-of-state or out-of-country insurance will be required to pay in full at the time of service. As a courtesy, Peak Orthopaedics, PLLC will bill the patient's insurance company for them and the patient will be refunded upon receipt of any insurance payment.

() **MEDICAID PATIENTS MUST PAY \$4.00 COPAY EACH VISIT:** Medicaid patients are required to make a \$4.00 copay before services are rendered at each visit. The only exceptions are Medicaid patients who are children under the age of 18 and Medicaid patients that are pregnant women. Medicaid patients are not required to make a co-payment if they are within their postoperative global period – unless X-rays, injections or durable goods are issued in this time frame.

() **FEE & GUIDELINES FOR MEDICAL RECORDS REQUESTS:** All patient's requesting medical records will be required to fill out a release authorization and pay the \$15.00 administration fee plus \$1.00 per page. Peak Orthopaedics, PLLC will release records within 7-10 days of the request for records.

- a. Patient's who have obtained an attorney, are requested to sign a release with their attorney for records requests and have their attorney request records directly from the facility.
- b. If you are going to another health care provider, we can forward your records free of charge; please provide us with the name and address of the physician continuing your care.
- c. We are the custodian of all x-rays taken at our facility, by law we can forward these to another health care provider, but we do not have the capability of making copies for our patients.
- d. Patient's covered by Workman's compensation cannot have access to their records under any circumstances; they need to contact their case manager directly to authorize this release of information.

() **\$8.00 MISCELLANEOUS FORM FEE:** All patients will be required to pay an \$8.00 form fee (per page) for miscellaneous paperwork requested for completion; this includes disability paperwork, etc. Please allow a one week turnaround time for this paperwork to be completed.

() **DURABLE MEDICAL GOOD PRE-PAYMENT REQUIREMENT (Braces, Injection Medications, Casting Supplies):** If you choose to purchase a durable good from Peak Orthopaedics, PLLC or if your treatment requires distribution of injection medications or casting supplies, you will need to pay for the supply at the time of service. As a courtesy our facility will bill your insurance company for these products and any insurance reimbursement will be refunded to the patient promptly. The only exceptions to this policy are patients covered by Workman's Compensation and BCBS; these fall under a different contractual agreement.

() **ADMISSIONS REQUIREMENTS:**

- 1) It is required by our office that you provide us with a **copy of your driver's license** or some other form of photo identification.
- 2) It is required by our office that you provide us with a **copy of your insurance card**. Without a copy of the insurance card, your account will be considered self-pay.
- 3) If your injury was due to an automobile accident, you must provide us with all appropriate billing information.
- 4) Our office will not bill an attorney's office; it will be your responsibility to forward such claims to your attorney.
- 5) If your injury was due to a Workman's Compensation injury, you must provide us with your insurance information, claim number and case manager contact before you can be seen at our office.
- 6) To provide the most thorough and efficient care, it is required that we must have all previous medical records and medical reports including MRI's, arthrograms, CT Scans and x-rays before your first scheduled visit.

Patient Signature

Date

Witness Signature

Date

