

FINANCIAL POLICY

This is an agreement between San Marcos Orthopedics and the Patient/Debtor named on this form.

By signing this agreement, you are agreeing to pay for all services that are received.

Payment options if you have insurance:

You can choose to pay your deductible, coinsurance, and/or copayments by CASH, CHECK, or CREDIT CARD. Any copayments must be collected before seeing the physician.

Payment options if you have no insurance:

You can choose to pay by CASH, CHECK, or CREDIT CARD on the day services are rendered. Unless we approve other arrangement in writing, all treatment must be paid in full on the day of service.

Our facility **will not** bill services to a third party payer. If you are filing an automobile accident claim or any other claim that involves a third party, this will be considered a SELF PAY account. Third party payers will have to pay you directly for all treatment. Payment for treatment must be collected before seeing the physician.

Patient's name: _____

Person responsible for payment: _____
(If not the patient)

Signature: _____ Date: _____

Co-Signature (if required): _____ Date: _____

JOHN ROBINSON MD
1310 WONDER WORLD DR. STE #115
P 512-878-4203 F 512-878-4209

Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

Credit History: We have the option to report your account status to any credit reporting agency such as a credit bureau if your account has become delinquent.

Returned checks: There is a \$25 fee for any checks returned by the bank.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to an attorney, you agree to pay all attorneys' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Hays County, Texas.

FMLA/Short Term Disability paperwork: There is a \$20 fee to be paid prior to paperwork being completed. All paperwork will be completed within **7-10 business days** of the fee being paid. If the paperwork is needed within a 24-hour time period of the fee being paid, a \$25 STAT fee will be applied on top of the initial \$20. If a revision or update is needed to the initial FMLA request, there will be another fee of \$20 due before resending the packet. **After 3 revisions or updates, the price per packet will increase to \$40.**

*****The office does NOT complete Long Term Disability forms or disability letters*****

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Transferring of Records: You will need to request in writing, and pay a copying and handling fee, minimum \$25, if you want to have copies of your records sent to another doctor or organization. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Workers Compensation: We require approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Signature

Date