



Insurance Information/Financial Agreement

Please complete the following information about your insurance:

Patient Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	
Prior Last Name	Preferred Name	

Insurance *

<input type="text"/>	
<input type="text"/>	<input type="text"/>
Insurance Company	Phone Number
<input type="text"/>	<input type="text"/>
Name on Card	Co-pay Amount
<input type="text"/>	<input type="text"/>
Subscriber ID (Policy Number)	Group ID
<input type="text"/>	<input type="text"/>
Coverage Start Date	Coverage End Date
<input type="text"/>	<input type="text"/>
Name of Insured	Relationship to Insured
<input type="text"/>	
Plan	

Do you have secondary Insurance?

Financial Agreement

Please read the following carefully:

Welcome to Advanced Orthopedic Center and thank you for choosing us as your healthcare provider. We are fully committed to providing you with the best possible care. In order to establish optimal relations with our patients and avoid, misunderstanding and confusion regarding our payment policies, our billing staff is fully trained to consistently inform you of the financial payment policies of this office. The following is a statement of our financial policy, which we **require** you to read **carefully** and **sign** prior to any treatment.

Upon obtaining a copy of your insurance card(s), Advanced Orthopedic Center will verify your eligibility and benefits including deductibles, copayments, coinsurance responsibility, etc under your health insurance company and Advanced Orthopedic Center will submit claims for all to your health insurance company. Please note that payment is ultimately due from you in the event that your insurance company denies payment for any service(s); i.e., termination of coverage, incorrect benefits provided, coordination of benefits, non-payment of premium, medical necessity, participation status of provider, etc...

Deductible, coinsurances and any non-covered services are the responsibility of the patient. To the extent possible and feasible, all patient financial responsibilities are payable at the time of service and/or prior to surgical procedures. Not all health insurance companies publish their (allowable) fee schedule; therefore coinsurance percentages cannot always be accurately calculated for pre-payment. An Advanced Orthopedic Center statement will be sent to you after your health insurance has processed your claim(s); the balance due will compare to the Explanation of Benefits you will received from your health insurance company. Should you dispute any amount on your Explanation of Benefits/statement, please contact your health insurance company member services for clarification of your benefits.

Please note that Advance Orthopedic Center medical providers are ethically obligated to assign diagnosis code(s) as indicated by the provider's diagnostic findings and in accordance with prudent medical standards. It is therefore inappropriate to request that a diagnosis be changed in the event your health insurance plan denies coverage at their discretion. Any such request will be denied; to comply would constitute insurance fraud and misrepresentation of the medical documentation relative to your care.

Copayment(s), as stipulated by your health insurance company, are due on the date of service.

Please note that OIG guidelines (FRT Vol. 65, No. 194, Oct 5, 2000) relative to anti-kickback statuses, as well as contractual obligations to the health insurance companies from whom Advanced Orthopedic Center will seek reimbursement for medical services, prohibit the routine discounting of published fees, "insurance-only billing" or waiver of any insurance-assigned charges otherwise due from the patient.

Self-Pay: In the event that (1) you are uninsured, (2) Advanced Orthopedic Center and/or its affiliated facilities does not have a participating relationship with your health insurance plan(s), or (3) you elect to have non-covered medical services (i.e., cosmetic or other services determined by your health insurance plan to be "not medically necessary", etc), Advanced Orthopedic Center accepts self-pay patients with this signed agreement that payment is due on the day services are rendered or in the case of surgical procedures payment is due prior to the surgical procedure(s).

Collections: In the event your account is delinquent we reserve the right to put your account in a collection program and report delinquent accounts to the credit bureaus. If your account is sent to an outside collection agency you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 25% if the debt, and all costs and expenses, including any reasonable attorney's fees, we incur such collection efforts.

Advanced Orthopedic Center does not accept litigated cases and services are not provided on a contingency basis under any circumstances.

For your convenience, Advanced Orthopedic Center accepts cash, check, money order and credit cards.

I understand all of the terms defined above; I consent to receiving treatment under the stated terms and I agree to honor all of my financial obligations to Advanced Orthopedic Center. My signature below constitutes my Financial Agreement and Lifetime Signature Authorization.

RELEASE OF MEDICAL INFORMATION: I authorize the doctors of Advanced Orthopedic Center to release any information concerning my care to my insurance company. I also authorize the release of information to any agency necessary for the payment on my account. I authorize Advanced Orthopedic Center to release/obtain records to/from any doctor and/or medical facility that they may deem pertinent to my care.

ASSIGNMENT OF BENEFITS: I request that the payment of authorized Medicare and/or Insurance benefits be made on my behalf. I assign the benefits to the physician or organization furnishing services.

Signature * Type your name in lieu of a signature.

Date: