



INNOVATIVE. EXCELLENT. CARE.

FINANCIAL POLICY

Thank you for choosing The Orthopaedic Specialists of South Texas as your orthopaedic specialty healthcare provider. We are committed to providing you and your family with the best available medical care. In our ongoing process to ensure all your medical needs are met, our billing department and financial counselors are available to discuss our fees and this policy with you.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the physician.

Payments for all services are due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, Master Card, Discover, and American Express. We can also provide you with the resources to obtain a line of credit to be used for your services at The Orthopaedic Specialists of South Texas. Ask to speak to a financial counselor regarding this option. As a courtesy to you, it is the policy of The Orthopaedic Specialists of South Texas to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand, and initial the following:

___1. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual customary" charges. As your medical provider, we will only supply factual information to facilitate claim processing.

___2. Fees for services, which include all unpaid balances, deductibles, and co-payments, care due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees.

___3. All charges are your responsibility, whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within sixty days, you will be responsible for the balance in full. If any payment is made directly to you for services billed by The Orthopaedic Specialists of South Texas, you recognize an obligation to promptly remit payment to Foot & Ankle Center of South Texas.

___4. I understand and agree that if I fail to make any of the payments, in a timely manner, for which I am responsible, after such default and upon referral to a collection agency or attorney by The Orthopaedic Specialists of South Texas, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

___5. The above does not apply for those patients that are considered Worker's Compensation. However, be advised that as a compensation patient, you may be held responsible for charges in the event your claim is overturned.

___6. Durable Medical Equipment (DME) items such as walking boots, ankle braces: once DME is provided for treatment and removed from the office, it cannot be exchanged. Proper fitting will be determined on the day of the appointment.

At The Orthopaedic Specialists of South Texas, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call 210.224.2655.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.

Name of Patient: _____

Signature of Patient or Responsible Party: _____

Date: _____