

At Flagstaff Bone and Joint, we're committed to a clear, respectful, and supportive physician-patient relationship. Understanding your financial responsibilities is an important part of your care. Please review the information below, and let our team know if you have any questions, we're here to help.

Insurance Plans

Please understand the following:

1. It is your responsibility to keep us updated with your correct insurance information. **Inaccurate or untimely information given to staff that results in denial or non-coverage by your insurance company will result in your responsibility for the charges. If you provide our office with corrected insurance within 90 days of your visit, we will rebill charges on your behalf.**
2. It is your responsibility to understand your benefit plan and what services are covered. Not all services provided by our office are covered by every plan. Any service determined to be non-covered by your plan will be your responsibility.
3. It is your responsibility to know if a referral or authorization is required to see specialists and if preauthorization is required prior to a procedure.
4. **Out-of-network** insurances will be billed as a courtesy, only if you have out-of-network benefits. We cannot accept out-of-network Medicaid or out-of-state HMO policies.
5. **Accident/Workers' Compensation:** Patients will be financially responsible for medical services related to accident/workers' comp which are denied. Patients must provide our staff the date of injury, claim number, insurance company, address, phone number, and contact of claims adjuster prior to coming to the office. If accident/workers' comp denies and you have private insurance, they may be billed. If neither accident/workers' comp nor private insurance pays, you, the patient, are responsible for payment. **Workers' comp outside the state of Arizona is not accepted.**

Financial Responsibility

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances.
2. **Co-payments** are due at the time of service. A **\$5 service fee** will be charged, in addition to your co-payment, if the co-payment is not paid by the end of that business day.
3. If you participate with a **high-deductible** health plan, payment is required at the time of service or a deposit toward your visit may be requested until your deductible has been met.
4. **Self-pay (no insurance)**, full payment is required at time of service.
5. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days upon receipt of bill.
6. If a balance remains unpaid after 90 days and no payment arrangements have been made, the account may be referred to **Credit Service Intl** for collection. **If your account is sent to collections, you will be responsible for attorney fees, court costs, collection fees, and any applicable interest, which may accrue at 18% per annum.** Accounts placed in collections may also result in dismissal from the practice until the balance is paid in full.

7. For all services rendered to minor patients, we will look to the accompanying parent or adult for payment at the time of service. It is your responsibility to work out payment for medical care between the custodial and noncustodial parents.
8. A \$35.00 fee will be charged for any checks returned for insufficient funds.
9. We accept cash, checks, Visa, Discover, Mastercard, and CareCredit financing as forms of payment.

Surgical Deposit

The decision to proceed with a surgical procedure is often a difficult one. At Flagstaff Bone & Joint, we respect your need for certainty regarding your decision to schedule the procedure. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure.

1. **Self-pay (no insurance)**, full payment is required at time of service.
2. A fee of \$200.00 will be charged if cancellation or rescheduling occurs less than 21 days from surgery date. If there is a medically documented need for cancellation, the fee will be waived.
3. You will receive separate bills from the hospital/facility, anesthesia, pathology, and ancillary providers (assistants/co-surgeons). Your surgery scheduler can provide you with contact information to these facilities.
4. Post-op “global care” is included for office follow-up care for 90 days beginning the date of surgery. Global care does not cover X-rays, DME, or physical therapy and may be subject to co-pays, coinsurance, or deductibles.
5. If you would like to receive a full estimate of out of pocket expenses, please contact our billing office at (928)214-2890.

Forms/Medical Records

Any paperwork or forms not mandated by your health insurance company (i.e., FMLA, short-term disability, etc.) are subject to completion fees determined by the clinic. This fee must be paid prior to forms being filled out. Completion of all paperwork will take up to 14 days after fee has been paid.

No Shows/Late Cancellations

- Missed or late canceled appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. A fee of \$25 will be charged if notice of cancellation is not provided 24 hours in advance. After a third missed appointment within a 12-month period, the patient will be discharged from the practice due to a failed professional relationship. Cancellations should be 24 hours in advance.
- Failure to give our office a 24-hour notice of cancellation of an Electromyography (EMG) appointment, or a “No-Show,” will result in a \$150 charge.

For purposes of disclosure, our physicians have financial medical affiliations with other medical companies. Please visit our website to see our physicians’ financial medical affiliations.