

Taconic Orthopaedics, PC
PATIENT FINANCIAL POLICY

Your clear understanding of our Financial Policy is important to our professional relationship. Please call if you have any questions about fees, or your financial responsibility.

PATIENTS MUST FILL OUT INFORMATION FORMS PRIOR TO BEING SEEN.

We will ask to see your insurance card on your first visit and will scan your card into our system as needed to keep our information current. We may ask for this information on a regular basis in order to ensure that no change in benefits or carrier has occurred. Please notify us if your insurance carrier or policy has changed.

COPAYMENTS

Your insurance REQUIRES that we collect you designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. There will be an extra \$20.00 charge in the event that you do not pay your co-pay at the time of service.

SELF-PAY

Self pay account shall exist if a patient has no insurance coverage. For new patients, a minimum payment of \$150.00 is expected on the day of your appointment before being seen by the health care provider. If you are unable to pay the \$150.00 please contact the billing office prior to your appointment. A 30% discount off regular fees is offered for payments-in-full at the time of service.

NON-PARTICIPATING INSURANCE PLANS

As a service to our patients, we will bill as a non-assigned claim. Any outstanding balances are the responsibility of the patient.

REFERRALS

If your insurance plan requires a referral from your primary care physician it is YOUR responsibility to obtain it prior to your appointment. If you do not have a referral – YOU MAY BE REQUIRED TO RESCHEDULE.

MEDICARE

We will submit to Medicare for the Medicare amount. The patient will be responsible for the deductible and the co-insurance, which will be billed to a secondary insurance if you have one.

RETURNED CHECKS

Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a \$30.00 fee per check returned.

DISABILITY FORMS

There is a \$10.00 per form fee for the completion of paperwork or forms related to disability. The fee is collected prior to the completion of the paperwork, and for each time the paperwork is required.

We accept cash, MasterCard, Visa & checks. You may also Make credit card payments by phone.

If you have any questions please call our billing department @ 802.443.6314, option #8

“I understand and agree that regardless of my insurance, I am in the end responsible for the balance of my account for any professional services rendered. I certify that the above information is true and correct to the best of my knowledge. I will notify the office of any changes in my insurance status. I also agree that if I am unable to pay my bill promptly, I will call the billing department to make timely payment arrangements. I understand that if my account becomes delinquent and Taconic Orthopaedics incurs collections charges, they will be my responsibility to pay in full.”

Patient or Guardian Signature

Date