

## Webster Financial Policy

### Payment Options:

**CASH:**

Please note: New Patient Deposit of \$311.00 and Established Patient Deposit of \$150.00 will be required prior to being seen by the provider. At the end of your visit, the total cost of your services will be calculated to determine if additional money is due from you or if you will receive a refund. Your service will be totaled out and we will either collect the remaining balance or refund you the credit.

**COPAYMENT:**

As required by your insurance company, copayment is required at the time of service. If you are unable to pay your copay at the time of service, your visit may be rescheduled. If your visit is accommodated, there will be a \$5 service fee for all processed co-payments.

**COINSURANCE:**

If your insurance assigned a coinsurance percent instead of a copay amount (listed on your card i.e. 20%), we will collect that estimated percentage. We collect \$10 for every 10% coinsurance, \$20 for every 20% coinsurance etc. Since this is only an estimate, you may owe more once your insurance carrier processes your claims.

**CREDIT CARDS:**

Visa, MasterCard and American Express are accepted.

**CHECKS:**

Checks are accepted but please note that a return check fee of \$35 will be charged on all returned checks. Cash or credit card will be required for future payments.

**SURGERY:**

In the event you are scheduled for surgery, we will verify your insurance benefits and notify you of your estimated co-insurance and/or deductible amounts. These amounts will be collected prior to your surgery date and will be applied to the surgery balance and/or any outstanding balances. Please note that you will receive separate bills from providers outside of Webster Orthopedics such as for anesthesiology, surgery center facility fees and durable medical equipment items.

### Insurance Billing Policies:

We bill your insurance as a courtesy to you. In order to do so, we require your current insurance information and a copy of your insurance card. **We also require your social security number for our records.** Your financial records and your health care records are kept confidential and secure. **If you choose to not give your social security number, you will be required to pay the cash pay deposit amount of \$311.00 in order for us to file your insurance claim.** Once your insurance pays we will issue any applicable refund or bill any remaining balance.

It is your responsibility to make sure the insurance we have on file is the most current.

***Any claim that needs to be resubmitted due to a new insurance, incomplete or outdated information may incur a \$25 administrative refiling fee.***

**Medicare:**

We accept assignment with Medicare. One secondary insurance claim will be filed as a courtesy.

**Non Contracted Plans:**

We submit one insurance claim as a courtesy. After 30-days the balance is patient responsibility.

**Motor Vehicle Claims:** We submit one insurance claim as a courtesy. After 30-days the balance is patient responsibility.

**Third Party Claims:** We DO NOT bill third party claims.

**HMO/Medical Group Plans:**

A referral is required from your Primary Care Physician prior to each appointment. If you do not have an authorization or referral, you may be required to reschedule or sign a waiver stating you will be responsible for any denied services.

**Worker's Compensation:** It is your responsibility to inform Webster Orthopedics that your care is for a work-related injury. If the claim is DENIED or closed you will be responsible for all charges.

**Durable Medical Equipment:**

During your visit, medical products may be recommended and/or dispensed to assist you with the healing process. A deposit may be required in order to dispense these products to you. After the insurance processes your claim, the deposit is applied and you become responsible for any unpaid residual balance. Please note, these charges may be reflected on your bill from Webster Orthopedics or you may receive a separate bill from Breg. (Our DME vendor)

**Administrative Fees:**

-There will be a **\$25.00 no-show** charge assessed for any appointment that is not cancelled within a 24-hour period prior to the appointment date and time.

**-Physical Therapy and MRI** will charge **\$50.00 no-show** for any appointment that is not cancelled within a 24-hour period prior to the appointment date and time.

-Form Completion Fee: \$15.00

-Diagnostic Images: CD Fee \$5.00; Analog Film \$10.00 per sheet.

-Medical Records \$15.00 (1-50 pages); 51+ pages = \$15 + 0.25pp; plus CA sales tax & USPS postal rates (based on package weight). CD Fee: \$5.00.

**Delinquent Accounts:** Any account that is unpaid for more than 60 days will be considered delinquent unless you have signed a payment agreement with Webster. Those accounts considered delinquent will be forwarded to an outside collection agency which will impact your credit rating.

If your account is past due and considered delinquent, we may be forced to suspend all but emergency care until payment is received. Please contact the billing office to discuss any issues you may be having at 925-314-8460.

**My signature indicates that I have read, understand and agree to the Financial Policy of Webster Orthopedics.**

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Printed Name \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_