

Southern California Orthopedic Institute (SCOI)/ Porter Ranch Quality of Care (PRQC) Patient Financial Policy

Thank you for choosing SCOI/PRQC. It is important that you understand your financial responsibilities prior to receiving services. **All patients (or their guardians, if a minor) are ultimately responsible for payment of all services rendered.** Therefore, it is important that you take the time to review the information below regarding patient financial responsibility.

Insurance Coverage

- As a courtesy, SCOI/PRQC will verify your coverage and bill your insurance carrier on your behalf. However, **you are ultimately financially responsible for the payment of your bill.**
- It is your responsibility to be aware of your insurance eligibility and coverage including but not limited to:
 - Copayment amounts
 - Applicable coinsurance amounts
 - Deductible amount
 - Authorization requirements
 - Policy provisions
 - Exclusions
 - Limitations

Please refer to your summary of benefits from your insurance carrier or contact your insurance carrier directly if you have any questions regarding your coverage.

- SCOI/PRQC will attempt to verify that your coverage is valid at the time of your visit(s) however, if your coverage is not in effect at the time of your visit(s), **the financial responsibility is yours.**
- SCOI/PRQC will make every effort to determine the amount of applicable copayment, coinsurance or deductible that you owe prior to your appointment based on the information available from your insurance carrier.
- **You are financially responsible for paying all copayments, coinsurance, and deductibles due at the time services are received.** After your insurance carrier processes a claim, if they determine that you have a greater financial responsibility, you will receive a bill due in 30 days of receipt. If your insurance carrier determines that you owe less, any overpayment will be refunded.
- If your insurance carrier denies any, all or any part of your claim, you are financially responsible for the unpaid amount.
- You are responsible for responding to any requests from your insurance carrier for additional information. Not responding to these requests will result in the claim(s) being denied and you will be financially responsible for payment of any claims affected.
- You are responsible for notifying SCOI/PRQC of any changes to your insurance coverage, including eligibility and you are financially responsible for any charges incurred if the information provided is incorrect or out of date.

- SCOI/PRQC is contracted with various insurance carriers and is required to collect in full all copayments, coinsurances and deductibles associated with your policy per the requirements outlined in our contracts. Therefore, we are unable to waive or discount copayments, coinsurances or deductibles that are your responsibility without violating our contract with your carrier.

Self-Pay

Patients who do not have insurance or who do not have or present valid insurance information at their appointment are considered self-pay patients.

- If you do not have insurance you must pay in full at the time of your visit.
- If you are unable to provide valid insurance information at the time of your visit, you will be expected to pay in full at the time of service until valid insurance information is obtained.
- When we have your valid insurance information we will bill your insurance carrier. After payment from your insurance carrier is received, our billing department will issue a refund check less applicable copayment, coinsurance and deductible.

Medicare/Medicare Advantage/Medicare Supplement

Your physician may or may not be a participating Medicare/Medicare Advantage provider. However, if your physician does participate in Medicare or your Medicare Advantage plan we will bill as follows.

- If you have Medicare, we will bill Medicare. However, you are responsible for any amount that is not covered or that Medicare does not pay.
- If you have a Medicare HMO or PPO, we will bill your insurance carrier. However, you are responsible for applicable copayments, coinsurance, deductibles and any amounts that your insurance does cover or does not pay.
- If you have Medicare and a supplement plan, we will bill Medicare and your supplement plan. However, you are responsible for any amount that is not covered or paid by Medicare or your supplement plan.

Workers' Compensation/Third Party Liability Injuries

If you are seeing the doctor regarding an on-the-job injury or a liability/third party accident, please notify our staff immediately to ensure appropriate claims processing.

Other Fees

You may be responsible for other fees such as but not limited to:

- Copy of medical records
- Copy of x-rays
- Form completion fees
- Charge for Return checks
- Costs associated with collection of patient balances including attorney fees if applicable

_____ I understand that I am responsible for paying all copayments, coinsurances and outstanding deductibles in full at the time services are received and if I'm a self-pay patient payment in full will be required at the time services are received.

_____ I understand that I am ultimately financially responsible for payment of all services received. I have read and understand my financial responsibilities.

Name of Patient (Please Print)

Signature of Patient or Guardian

Date

Interpreter/Representative (Please Print)

Signature Interpreter/Representative

Date