

## Big Rapids Orthopaedics, P.C.

### OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding of our payment policy.

Payment for services are due at the time services are rendered. We accept cash, checks, credit and debit cards. We do bill for and participate with Workers Compensation, Medicare, Blue Shield, and selected Managed Care Plans. Co-pays for the Managed Care Plans (HMO/PPO's) are payable each time you visit a physician, so be prepared to pay your co-pay when services are rendered. It is your responsibility to receive prior authorization from your HMO/PPO to see our physicians.

If your account is personal pay and payment in full is made at the time of your service, a 10% cash discount will be extended.

All services will be billed as a courtesy to you directly to your insurance carrier(s) by this office, provided we have a signed authorization and release on file from you.

You must realize however, that:

1. Your insurance is a contract between you, your employer and the insurance company (except for above listed participating insurances). We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most carriers, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "UCR." "UCR" is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

*We must emphasize that our relationship is with you,  
not your employer or insurance company.*

Commercial insurances will accept the copy of our receipt for office services as proper claim. Your employer or insurance company can provide you with your insurance forms. Each insurance form has a "Patient's Information Section" that you must complete and sign. If you attach a copy of the receipt you receive from our office to the completed form and mail them to your insurance carrier, the check will be mailed directly to you from the insurance carrier.

If you should have any questions about the above information, PLEASE do not hesitate to ask us. We are here to help you.