



Orthopedics~Physical Therapy~Surgical Center~MRI  
2405 Osler Court, Albany, GA. 31707

## **Patient Information**

### Scheduling an appointment

To schedule a visit, call our office at 229-435-1458 or 1-800-543-6185 between 7:30 a.m. to 5:00 p.m. Monday through Thursday and 7:30 a.m. to 12:30 p.m. on Friday. You may also reach us by fax at (229) 435-7073. If you call us after hours, our phone allows you to leave a message or directed to an answering service. If there is an emergency the service will contact the on-call physician and relay the message to him. If the situation is critical go immediately to the Emergency Center at your local hospital.

To make your visit as successful as possible, we ask that you bring the following information to your appointment:

- New patient forms (for first time patients)
- X-ray films and reports
- MRI films and reports
- Any pertinent test results
- List of current medication(s) both prescription or over the counter
- Physician referral forms, name and address from your primary care provider (if applicable)
- Your insurance card or any letters of Authorization for your visit (i.e., HMO)
- Medicare card
- Medicaid, Wellcare and/or PeachState card
- Picture identification card (i.e., driver's license, etc.)

### Insurance Billing and Fees

Premier Orthopedics is contracted with many insurance carriers. We are happy to bill your insurance carrier as a courtesy. We require a copy of your insurance card and a picture identification prior to services being rendered. If services are denied by your carrier or if you are ineligible to receive benefits, you are financially responsible for all charges incurred. If you are not able to provide proof of insurance coverage, you will be considered uninsured and you will be responsible for full payment at time of service.

- **Medicare:** We accept assignment with Medicare. Medicare pays their allowed amount after satisfaction of the annual deductible. We will bill your supplemental insurance as a courtesy; however, you are responsible regardless of payment for the remaining amount that Medicare does not pay.

- **Self-Pay Patients:** There is a minimum deposit of \$350.00 (cash, check or credit card) due up-front for all private pay patients on the initial visit. Should your charges exceed more than your deposit, you will be billed the remaining balance. If your account becomes 90 days delinquent, you understand your account will be submitted to a collection agency.

- **Referrals and Authorizations:** If your insurance company requires a referral from your primary care physician (PCP) for an orthopedic consultation, please make sure you obtain the authorization number before calling for your appointment. Our office must be in receipt of the referral from your PCP before booking your appointment. If our office has not yet received your referral, you will be asked to contact your PCP's office to have them fax the referral to us.

Referrals for additional orthopedic services that your orthopedic physician may require (i.e. MRI, Physical Therapy, CT scans, etc.), will be ordered by our office. Please allow 5 to 7 working days to process your referral in most cases.

**Worker's Compensation/Industrial Injuries:** Premier Orthopedics works with many industrial medicine entities, including Worker's Compensation and the Department of Labor. If you are injured on the job or feel that your problem may be work-related, please make sure you have informed your employer. Our Worker's Compensation coordinator will need to obtain authorization from your employer's Worker's Compensation carrier prior to your visit. If your employer is self-insured, we will need an authorization from them that your injury will be covered. If your treatment is denied as being non work-related, you are financially responsible for all incurred charges.

- **Disability Forms:** Please leave completed disability forms with us at the time of service. All disability forms must be accompanied with a filing fee of \$20.00 prior to completion. Since your physician must review your medical records and enter information from your medical chart, we require 10 to 14 working days for completion.

- **Medications:** As of January 1, 2010 there will be no refills called in after business hours. We ask that you make your doctor aware of any refills needed at the time of your appointment. If refills are needed in between appointments please call your pharmacy and ask them to fax us a refill request. It may take up to 48 hours from the time of your request.

- **Cell Phones:** Please understand that your time with our provider is an extremely important time for you and the provider. Please turn **OFF** your cell phone while being seen.

- **Supplies:** Some insurers do not pay for supplies such as braces, crutches, etc., that are provided by our office. If we inform you that a supply prescribed by your physician will not be covered, we expect payment when you receive the supply. In the event that your insurance company is billed and does not remit payment, you will be billed for the supplies that are not paid for.

Health care plans vary significantly by carrier, by employer, and/or contract. We cannot know the benefits and exclusions of each patient's health plan. It is your responsibility to know and understand your insurance coverage and benefits and how they will apply to your treatment by the doctor.

Please be prepared to pay for all patient due amount at the time of service. This includes:

- **Co-payments** (We will not bill for co-pays)
- **Deductibles**
- **Outstanding Balances**

For your convenience we accept cash, checks, debit cards, Visa, MasterCard, Discovery, American Express and Care Credit. If payment is not made at time of service there will be a \$15.00 fee added to your account to cover our costs associated with processing patient statements.

- **Returned Checks:** There will be a \$30.00 service charge on returned checks. We appreciate and thank you for understanding our Financial Policy and for your cooperation in helping us keep our cost to patients at a minimum. Please let us know if you have any questions or concerns.
- **No Show Appointments:** There is a \$35.00 fee for appointments not cancelled within 24 hours. This is not payable by insurance and must be paid prior to your next appointment.
- **Minor Patients:** The parent/adult/guardian accompanying a minor will be responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, VISA/MasterCard, or payment by cash or check at the time of service. Minor patients must be accompanied by a parent or guardian in order for our professionals to treat the minor.
- **Insurance:** We may accept assignments of insurance benefits upon your first visit; however, we do require your portion of the bill to be paid at the time of service. Because the bill is your responsibility, should your insurance company not pay – you will receive a bill for the remaining balance. We will do everything reasonably required to facilitate the filing of your insurance claim. This necessitates you providing us with your insurance information, along with all other relevant documents (i.e. accident report, claim number, policy number, letter from automobile insurance stating medical payment benefits are available or exhausted).
- **PPO Plans:** (with which we are contracted): We have agreed to take a discount from your insurance carrier. Your co-insurance or deductible is your responsibility and is due at time of service. In the event your insurance carrier coverage changes to a plan where we are not a participating provider, you will be responsible for any out of network deductible or coinsurance amounts.