



# GOLDEN STATE ORTHOPEDICS & SPINE

## FINANCIAL POLICY

Thank you for choosing Golden State Orthopedics & Spine. We are committed to delivering outstanding orthopedic care and customer service. The following is our current financial policy.

### CO-PAYMENT & CO-INSURANCE COLLECTION POLICY

**We are required by our contract with your health plan to collect co-payments at the time of**

**service.** Co-payments are required each time you are seen by the physician, nurse practitioner, physician's assistant, physical therapist or occupational therapist. Your co-payment is established by your health plan and is explained in your benefits handbook. Should you have questions or concerns about your co-payment requirements, please contact your insurance carrier directly.

**If a co-payment is not applicable for office visits we may collect co-insurance amounts at the time of service.** The co-insurance amount is calculated based on the percent that you will owe per your health insurance policy. We collect \$10 for every 10% co-insurance for office visits. For example if you have a 20% co-insurance we will collect \$20 at the time of service. Since this is an estimate you may owe more once your insurance carrier processes your claim.

*Effective June 1st, 2022* Golden State Orthopedics & Spine will no longer be accepting cash. We will continue to accept all major credit cards and checks.

### INSURANCE REIMBURSEMENT & BILLING POLICIES

**We will bill your insurance as a courtesy to you.** Each month you will receive a statement from us describing your current balance and any charges incurred during the statement month. You can submit this bill yourself, along with the appropriate forms, to your insurance carrier. Or, as most of our patients prefer, we will bill your primary and secondary insurance carrier(s) for you. For us to be able to bill your insurance carrier, you must sign the "Insurance Authorization and Assignment" statement at the bottom of the Patient Information form. We will bill your insurance carrier a maximum of **three (3) times**, then the responsibility for handling issues with insurance reimbursement rests with you. **Please note that you are ultimately responsible for payment of all charges incurred during your treatment with Golden State Orthopedics & Spine.**

When you receive our monthly statement, payment is expected within **fifteen (15) days**. Account balances are considered delinquent after **sixty (60) days**. After the sixty (60) day period, your account will be transferred to our outside collection agency, Financial Recovery Services, unless alternative payment arrangements are made in writing with an accounting department representative.

If Golden State Orthopedics & Spine or its physicians are **not** contracted with your insurance carrier, you are considered a "self-pay" patient and payment is due in full at the time of service. Self-Pay patients will receive a 40% discount off of our Standard Fee schedule.

**Attorney Fees and Collection Costs:** If any legal action is necessary to enforce or interpret the terms of these billing policies, the prevailing party shall be entitled to reasonable attorneys' fees, costs and necessary disbursements in addition to any other relief to which that party may be entitled. You agree by your signature below to pay all collection costs, including attorneys' fees on all delinquent payments.

**Suspension of Care (Except for Emergency Care):** If no payment is received after **ninety (90) days**, we may be forced to suspend all but emergency care until a payment is received. Please discuss all billing issues with our accounting department directly at (925) 210-8593.



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# **GOLDEN STATE ORTHOPEDICS & SPINE**

## **FINANCIAL POLICY, CONTINUED**

### **ADMINISTRATIVE FEES**

Due to the high volume of requests we receive, we charge administrative fees for copying all or part of a medical record, x-rays, MRI, CT, completion of disability forms, and other such administrative requests. The current fee schedule (which is subject to change) is:

<b>Disability Forms</b>	\$25.00 / \$10.00 (EDD extension form)	Medical Records	\$20.00
<b>Diagnostic Images</b>	\$15.00 (x-rays) / \$15.00 (MRI or CT scan)	Returned Check Fee	\$25.00
<b>Procedure Cancellation Fee</b>	\$50.00		

My signature below indicates that I have read, understood and agreed to the Financial Policy of Golden State Orthopedics & Spine

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Guardian Name Printed: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_