



## **Fee Collection Policy**

- I. Insurance**
- a. Blue Ridge Orthopaedics and Sports Medicine will file charges for office and hospital services, and accept the contractually agreed-upon amounts. The patient is responsible for the co-payment, co-insurance, and deductible, if any. Please remember these amounts are dictated by specific insurance plans. Discounts cannot be given on co-payments, co-insurance, or deductible due to our contractual agreements with the insurance companies.
  - b. Co-payments are collected prior to office visits. Appointments will be rescheduled if co-payment is not paid. Some office and hospital surgeries require co-pays/deductibles/coinsurance. We will call the insurance and obtain benefits, then notify patient. We will ask for all or a portion of this estimated balance prior to surgery.
  - c. Any insurance claims or workers compensation claims that have been denied will become the patient's responsibility.
- II. Self-pay (no insurance)**
- d. Fees are payable in full at the time of service. We will collect a deposit at check-in and then the remaining balance, if any, will be collected at the check-out window. A "cash discount" of 25% of total charges will be given if fees are paid in full at the time of service, otherwise no discount will be given and a payment plan will be arranged through CareCredit.
  - e. Payment in full will be requested at each office visit.
- III. Liability accounts**
- f. Cases wherein "someone else" is responsible for the charges will be treated as "Self-pay" (see section II, above).
- IV. Delinquent accounts**
- a. After no response from two (2) consecutive monthly bills, the physician will be notified. If no payment is made after the third bill is sent, the account will be turned over to a collection agency or to Small Claims Court. Please note: Any outstanding balances of \$500 or more will be taken to Small Claims Court and any associated court costs will be added to the balance.
  - b. If the account is in collections, or court action is pending, office appointments will not be made for the patient, including Emergency Room follow-up.
  - c. Delinquent accounts must be paid in full prior to scheduling an appointment, including Emergency Room follow-up.
  - d. Any accounts that have to be sent to an outside collection agency/small claims court may be dismissed as a patient from our practice.
- V. Accounts with balances, not in collections**
- a. Payment may be required prior to scheduling appointments or refilling prescriptions.
- VI. Payment Methods**
- a. Cash, personal check, money order, Visa, Mastercard, and CareCredit are accepted.
  - b. Credit card payments may be made in person or by phone.
- VII. Returned check fees**
- a. Any returned check from the bank for non-payment (insufficient funds) will result in the patient's account being assessed a \$25.00 fee per check returned.
- VIII. Disability Forms**
- a. There is a \$20.00 per form fee for the completion of forms. This fee is collected prior to completion of the form, and for each time the form is required. Allow 7-10 working days for completion of forms.
- IX. Child Custody Cases**
- a. Blue Ridge Orthopaedics will bill the insurance carrier for both parents when applicable. However, the parent/guardian that signs for services will be responsible for all outstanding charges and balances unless you have a court order otherwise.
- X. Medical Record Fees**
- a. A minimum fee of \$10.00 will be charged for medical record requests. This will be collected at the time of request.

*Effective 7/3/03 Revised 1/07/09*