



FINANCIAL POLICY

Joint Implant Surgeons of Florida, is dedicated to providing our patients with the best possible care. We ask your help by understanding and cooperation with our financial policy. We must emphasize that as physicians, our relationship is with you, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

INSURANCES:

We participate with many insurance companies. Please check with office staff to see if we participate with your insurance plan. If we DO participate with your insurance company, all services performed in our office will be submitted, unless we have received prior notification of non-covered services. All co-pays, deductibles and co-insurance amounts are your responsibility and due at the time of service.

For elective surgeries, a surgery deposit may be required prior to the surgery.

If we DO NOT participate with your insurance company, this means that we will bill your insurance company as a courtesy. We do not accept payment from them as payment in full for the services performed. All insurance carriers have a schedule of fees from which they will pay; however, the doctor's fees may be more than what the insurance company will allow. Any balance not covered by the insurance company will become your responsibility.

For secondary insurances, we will submit your secondary insurance claim a maximum of two times. After two submissions, the balance will be billed to you.

CO-PAYS AND OUTSTANDING BALANCES:

All co-pays are due at the time of service. Outstanding balances must be paid in full unless arrangements have been made with the billing department.

REFERRALS/AUTHORIZATION:

If your insurance has referral or authorization requirements, you are required to have prior authorization or a referral from your Primary Care Physician (PCP) prior to your visit. If this authorization or referral is not provided the day of service, you may be asked to either reschedule your appointment or pay at the time of service.

DISABILITY INSURANCE FORM COMPLETION:

Our office will complete your disability insurance claim forms. The fee for each form is \$15 and must be paid in advance prior to completion of your form. **PLEASE ALLOW 7-10 Business days for completion of your disability forms.**

CHECKS RETURNED FOR INSUFFICIENT FUNDS:

If we receive a returned check for insufficient funds, we will immediately reverse the payment on your account and will also charge a \$40 fee to your account.

COLLECTION ACCOUNTS:

Our office will make every effort to communicate with you about your account and will present reasonable options for payment. In the event a bill goes unpaid without contacting the billing department to discuss payment options, the account will be turned over to collections. If your account is sent to our collection agency, a collection charge of 30% of the amount due may be added to the balance of your account. In the event your account is turned over to an attorney you will be responsible for any and all attorney fees plus court costs.

SELF-PAY POLICY:

Payment is expected at the time of service. Prompt pay discounts may be available, please check with billing staff for details.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY JOINT IMPLANT SURGEONS OF FLORIDA, P.A. AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Signature of Patient/Guardian

Date