orthopædicseast
& SPORTS MEDICINE CENTER

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PATIENT FINANCIAL RESPONSIBILITY POLICY

1. Financial Responsibility

By receiving care at this practice, you agree to be responsible for and promise to pay all charges incurred in connection with medical treatment for the patient, whether now existing or arising in the future, and whether or not the charges are covered by insurance, subject to Medicare laws and regulations. Any insurance payments received will be credited to the patient's bill. If payment is not made by its due date, you agree to pay all late charges, attorneys' fees, and collection and court costs incurred in the collection of the debt, which shall become part of the unpaid balance.

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2. Patient Account & Contact Information

You are responsible for ensuring that your current address, phone number, and email address are always on file with this practice. Electronic statements and appointment reminders are sent to the contact information on record. If your contact information changes, you must notify the practice promptly. This practice is not responsible for missed statements, missed reminders, or any resulting fees or account actions if the contact information on file is inaccurate or outdated. Failure to receive a statement does not waive your obligation to pay any outstanding balance.

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3. Insurance Billing & Authorization

By agreeing to this policy, you authorize this practice to verify your insurance benefits, submit claims on your behalf, and share necessary information with your insurance carrier and any authorized third parties for the purpose of payment. Your insurance policy is a contract between you and your insurance carrier — this practice is not a party to that contract. You are responsible for knowing your own benefits, including any referral or prior authorization requirements, covered and non-covered services, and plan limitations. This practice will make every reasonable effort to obtain the maximum reimbursement allowed; however, any balance not paid by your insurance carrier remains your financial responsibility regardless of the reason for non-payment.

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4. Insurance Verification & Out-of-Network Acknowledgment

It is your responsibility to verify that this practice and all treating providers are in-network with your insurance plan prior to your appointment. This includes verifying network status for all scheduled procedures, surgeries, and specialist visits. This practice will make reasonable efforts to verify benefits on your behalf; however, benefit verification is not a guarantee of coverage or payment — final determination rests with the insurance carrier.

If this practice or any treating provider is determined to be out-of-network, you will be asked to sign a separate Out-of-Network Waiver prior to receiving services. By signing that waiver, you acknowledge that your insurance may pay at a reduced rate or may not cover the services at all, and that any balance not covered by insurance is your sole financial responsibility. If you decline

to sign the Out-of-Network Waiver, you may be asked to reschedule until network status or financial arrangements can be confirmed.

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5. Copays, Deductibles & Coinsurance

Copayments are due in full at the time of every visit, no exceptions. Failure to pay a copay at the time of service may result in the appointment being rescheduled. Deductible and coinsurance amounts are due upon receipt of a statement following insurance processing. Benefit estimates provided by this practice or your insurance carrier are estimates only, and your final balance may differ based on how your claim is processed. You are responsible for any balance remaining after insurance payment regardless of the amount.

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6. Self-Pay Patients

Patients without insurance coverage are considered self-pay, and payment is due in full at the time of service. Self-pay rates will be provided upon request prior to any scheduled appointment or procedure. This practice does not bill self-pay balances to insurance retroactively once a claim has been processed as self-pay.

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7. Surgery & Procedure Estimates

For all scheduled surgeries and procedures, this practice will calculate an estimated patient responsibility based on current insurance benefits prior to the procedure date. This estimated balance is due in full by the pre-operative appointment. If the estimated balance is not paid by the pre-operative appointment, the procedure or surgery may be canceled. The amount collected is an estimate, and your final balance may differ after insurance processes the claim. Any overpayment will be refunded or credited to your account once the claim has been finalized by insurance.

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8. Accepted Payment Methods

This practice accepts cash, personal checks, major credit cards, and CareCredit. Payment is expected at the time of service unless prior arrangements have been made. Payment plans are not offered. Patients who are unable to pay their estimated balance in full prior to a scheduled surgery or procedure may have their appointment canceled until payment is received. Payments may also be made online through our patient payment portal.

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9. Returned Check Fee

A returned check fee of $35 will be charged to your account for any check returned due to insufficient funds or any other reason. This fee is the patient's responsibility and is not billable to insurance. Returned check fees must be paid in full before any future appointments will be scheduled.

10. Outstanding Balances & Collections

Statements are sent on a regular billing cycle. It is your responsibility to maintain current contact information on file with this practice to ensure timely receipt of statements. Any patient with an outstanding pre-collection balance must pay that balance in full prior to scheduling any new appointment. Patients whose accounts have been referred to a collection agency must contact and resolve their balance directly with that agency before this practice will schedule any future appointments. Accounts that remain unpaid may be referred to a collection agency at the sole discretion of the practice, and you agree to be responsible for all associated collection costs, attorney fees, and court costs, which will be added to the outstanding balance.

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11. No-Show & Cancellation Fee Policy

Appointment times are reserved exclusively for each patient. Missed appointments and late cancellations result in lost care opportunities for other patients and represent a direct cost to the practice. No-show fees are not billable to insurance and are your direct financial responsibility.

The following notice requirements and fees apply:

- Routine clinic visits (follow-ups, established patient appointments, routine injections, physical/occupational therapy follow-ups, telehealth, and RAFT appointments): 24-hour notice required — $50 fee.
- New patient visits, established patient new problem visits, PT/OT new evaluations, pre-op appointments, and revision evaluation appointments: 24-hour notice required — $100 fee.
- Joint and muscle injection procedures: 48-hour notice required — $100 fee.
- EMG, fluoroscopy spine procedures, and in-house procedures: 48-hour notice required — $150 fee.
- Routine MRI: 48-hour notice required — $250 fee.
- Radiofrequency ablation (RFA) and neurological MRI: 48-hour notice required — $300 fee.
- Arthrogram MRI: 48-hour notice required — $350 fee.

If you arrive late and cannot be accommodated within your scheduled appointment time, your appointment may be rescheduled and the applicable no-show fee will apply. In the event of a no-show or late cancellation: (1) the applicable fee must be paid in full before a new appointment will be scheduled; (2) a second no-show occurrence may result in discharge from the practice; and (3) fees may be waived in cases of documented emergencies or severe weather events, at the sole discretion of a practice administrator.

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12. Dismissal from Practice

This practice reserves the right to discharge a patient for non-compliance with this financial policy, including but not limited to repeated non-payment of balances, repeated no-show occurrences, failure to pay a required surgery or procedure deposit, or any account referred to a collection agency. In the event of dismissal, the patient will be notified in writing and provided with a reasonable transition period to establish care with another provider. Any outstanding balance remains due and payable regardless of dismissal status.