

## FALMOUTH ORTHOPAEDIC CENTER

20 Northbrook Drive  
Falmouth, Maine 04105

Tel. (207)781-4424

Fax (207)781-4426

### PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, or your financial responsibility.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR

WE WILL ASK TO SEE YOUR INSURANCE CARD ON EVERY VISIT AND WILL SCAN YOUR CARD INTO OUR SYSTEM AS NEEDED TO KEEP OUR INFORMATION CURRENT.

COPAYMENTS: Your insurance REQUIRES that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

SELF-PAY: Self-pay accounts shall exist if a patient has no insurance coverage. For new patients, a payment of \$100.00 is expected on the day of your appointment before being seen by the health care provider. If you are unable to pay the \$100 please contact the billing office prior to your appointment.

EXTENDED PAYMENT PLANS: Patients are encouraged to pay outstanding self-pay balances in full. However, payment plans may be accepted with approval of the business office.

NON-PARTICIPATING INSURANCE PLANS: As a service to our patients, we will bill as a non-assigned claim. Any outstanding balances are the responsibility of the patient.

REFERRALS: If your plan requires a referral from your primary care physician it is YOUR responsibility to obtain it prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, YOU MAY BE REQUIRED TO RESCHEDULE.

ACCIDENT/WORKERS COMP CASES: Patients shall be financially responsible for medical services related to accident/workers comp. It is the responsibility of the patient to notify Falmouth Orthopaedic Center of: date of injury, claim#, insurance company address, phone#, and contact person.

MEDICARE: We will submit to Medicare for the Medicare allowed amount. The patient will be responsible for the deductible and the co-insurance, which can be billed to a secondary insurance if you have one.

RETURNED CHECK FEES: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed a \$25.00 fee per check returned.

CHILD CUSTODY CASES: Falmouth Orthopaedic Center will bill the insurance carrier for both parents. However, the parent that signs for services will be responsible for all outstanding charges and balances unless you have a court order otherwise.

WE ACCEPT CASH, MASTERCARD, VISA, DISCOVER AND CHECKS

If you have any questions please call Kathy in the Billing Department at 207-781-4446.

RESPONSIBLE PARTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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#### **FRACTURE CARE**

Some insurance companies require that fracture care billing be done on a “global” basis. This means that for a predetermined amount of time, all professional services related to the “surgery” or fracture care are included within the initial fee. X-rays and casting/splinting, along with related supplies, are not included within the global fee and are billed separately. Please note, that there are other insurance companies that require each visit to be billed separately.

Injections, joint aspirations and fracture care are all procedures listed as “surgical” for billing purposes by insurance companies. Though these services may be provided in the office or emergency room, they are generally listed on your explanation of benefits or bill as “surgical”.

#### **FALMOUTH ORTHOPAEDIC CENTER PARTICIPATES WITH THE FOLLOWING INSURANCE COMPANIES:**

Medicare

MaineCare / Primecare

Anthem Blue Cross & Blue Shield

Tri-Care

Aetna

Cigna

Harvard Pilgrim

Mednet

**THIS IS NOT AN ALL-INCLUSIVE LIST. PLEASE CALL THE OFFICE IF YOU HAVE  
QUESTIONS REGARDING PARTICIPATION.**