



**ADVANCED CENTER  
FOR SPORTS &  
MUSCULOSKELETAL MEDICINE**

**Financial Policy Agreement Self-Pay / Health Insurance Coverage**

Advanced Center For Sports & Musculoskeletal Medicine is committed to providing excellent, affordable medical care. You have the right and responsibility of knowing the cost of your medical treatment. Should you be a cash patient, we may not ask for full payment at the time of service, although you will remain responsible for the full payment of all fees for service provided. If you have health insurance and even if we bill your insurance company directly, you may be responsible for copayment, coinsurance, deductible, and noncovered amounts. For your convenience, our office accepts personal checks, credit cards, cash, and when appropriate, can provide you with a mutually agreed upon payment plan. All treatments which are not covered by your health insurance plan will still require payment due at the time of service. Please read the following carefully, as it outlines our financial policy.

It is important that insurance patients understand how insurance billing works. Insurance companies require us to break down every component of your office visit into universal, numerical procedure codes, and charge for each code. The insurance companies will arbitrarily change, combine, and disallow procedure codes, and then apply their company's individual fee schedule. This result is the insurance company's determination of "reasonable and customary" changes - the amount they are willing to cover. The insurance company usually reduces the actual reimbursement further by the individual's policy annual deductible, copayment or coinsurance.

This method of billing designed by the insurance industry, forces us to bill at full price procedure codes that the insurance company will likely reduce, combine, or simply deny. This system in fact, has the insurance company determining our fees. If we have a contract with your insurance company, we write-off the amount over the "reasonable and customary", and bill you for your coinsurance and deductible. If we do not have a contract with your insurance carrier, you are responsible for that amount as well as any deductible and coinsurance.

We are required by all insurance carriers to collect from patients any deductible and copayment or coinsurance amounts. These fees can be reduced only in those cases where true financial hardships can be demonstrated. If you feel that you are in a position of financial hardship, please discuss your financial hardship with our patient account supervisor. In the unlikely event you stop payment, are notified of Nonsufficient Funds or your account is turned over to Collections, you will be responsible for all related costs.

I have read and understand Advanced Center For Sports & Musculoskeletal Medicine's financial policy as outlined above. The following constitutes an agreement between the undersigned patient/guarantor and Advanced Center For Sports & Musculoskeletal Medicine.

In the event Advanced Center For Sports & Musculoskeletal Medicine agrees to seek payment initially from my insurance company, I request payment to be made directly to them of all medical benefits otherwise payable to me for services rendered. I understand that final obligations for payment are mine. Any portions of my bill not paid by insurance are my responsibility and are due and payable on demand. I hereby authorize Advanced Center For Sports & Musculoskeletal Medicine to release all information necessary to secure payment of benefits.

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PRINTED PATIENT NAME AND SIGNATURE

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WITNESS

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DATE

