

## **Financial Policies**

It is the intent of Garey Orthopedic Medical Group to provide quality orthopedic care in a cost-effective manner. Therefore, the following notice is necessary to ensure that all patients are informed of the financial policies of Garey Orthopedic Medical Group.

A financial counselor is available to help with questions concerning billing and statements.

Please call the Billing Office at (909) 593-7437.

Services of Garey Orthopedic Medical Group are available to all persons as long as they accept responsibility for payment.

### **General Payment Policies**

- Full payment or accurate insurance information is due at time of service.
- We accept cash, checks, or credit cards.
- There will be a \$35.00 charge for all checks returned as “NSF” (non-sufficient funds).
- Garey Orthopedic Medical Group will bill contracted and most non-contracted insurance companies.
- Cash pay patients must pay in full at the time of service or prior to date of procedure.
- Patients are required to present a current insurance card and picture ID at every visit; without an insurance card you will be required to pay at the time of service.
- Co-payments, deductibles and Co-Insurance are due at time of service.
- A 48-hour notice of cancellation of appointment is required; on any second occurrence failure to provide this notice will result in a charge of \$25.00

Garey Orthopedic Medical Group will bill secondary insurances.

Payment of bills is expected upon receipt of our statement. Accounts become past due after thirty (30) days unless alternative arrangements have been previously made through the billing office.

Patients with a poor credit history must pay for their services prior to scheduling. Further credit may not be extended to patients until their account is current. Delinquent accounts are subject to collection at any time.

A current Medi-Cal card is required for Medi-Cal billing and must be presented at your initial visit.

## **Photo ID Requirement**

Effective May 1, 2009 all medical facilities are required to comply with the Federal Trade Commission's Fair and Accurate Credit Transactions Act. This regulation was enacted in 2003 to provide guidelines for any agency providing credit – as define by the Federal Trade Commission – to prevent Identity Theft.

As part of the guidelines, effective May 1, 2009, Garey Orthopedic Medical Group is required to obtain a copy of a valid photo ID from all patients or patient's guardian. Without a valid Photo ID, GOMG cannot obtain your insurance information, cannot bill your insurance company, and will require that you pay for services at the time of your visit.

We apologize for any inconvenience this may cause; however, this is a Federal Regulation with which we must comply.

**More information on the Fair and Accurate Credit Transactions Act.**

## **Contract Medicine Payment Policies**

All patients are expected to pay any required co-payments at time of services. For medical services covered by their contract, no additional payments are required. However, patients will be required to pay for non-covered supplies, equipment, and services.

## **Medicare**

Garey Orthopedic Medical Group does accept Medicare assignment. All patients without a secondary insurance will be responsible to pay the remaining balance after Medicare payment. All patients are responsible to pay for "non-covered" services. Patients may be required to sign an Advance Beneficiary Notice.

## **Insurance Billing Information**

Your insurance policy is a contract between you and your insurance company. If your insurance company has not paid your account in full within sixty (60) days the balance may be automatically transferred to your responsibility for payment upon receipt of statement. It is the patient's responsibility to provide current insurance information to the practice.

**Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Minor Patients**

The adult accompanying a minor and the parents (or guardians of a minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless authorization from guardian is provided in writing.

**Durable Medical Equipment**

Your doctor may prescribe a piece of medical equipment, i.e. cold therapy, walker boot, crutches, etc., to be used for a period of time to aid in your recovery. We will fit and dispense that product to you. We will bill your insurance company for these services and products. Some products may not be covered. Except for rental equipment, these products may not be returned. You will be expected to pay for any products or related services provided to you whether or not your particular insurance policy covers it.