



## **Arthritis & Joint Center of Florida**

2328 Medico Lane, Melbourne, Florida 32940  
321.956.1501 fax 321.956.1502

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### ***Financial Policy***

We are committed to providing the best care at the most reasonable cost. We take every opportunity to keep costs down without sacrificing your quality of care. To maintain these standards, we require prompt payment for services. With this in mind, we would like to share our financial policy with you to prevent any misunderstandings. We hope you will consult with us if you have any questions regarding our services or financial policies.

### **Patient Information and Patient Identification Safety**

All new patients will be required to fill out paperwork documenting demographic, insurance and medical information. Existing patients will be asked to review and edit information as needed, at a minimum annually.

Please note we ask for sensitive information such as social security numbers. We understand many people are concerned about the exposure of this information and we have policies and procedures in place to protect all your information. **In order to be accepted as a patient, you must provide your social security number. If you do not furnish your number, you either must self-pay or we will have to reschedule your appointment until such time as we have all your information.**

All the information we require is to ensure that we can provide you with the convenience of submitting claims for you, the convenience of coordinating care with the hospital and other offices if needed, and reviewing information to prevent medical and identity theft.

As part of our program to ensure the safety of your information, you will be asked to present photo identification and your insurance card every time you come for an office visit. Please come prepared to show both at check-in.

### **Patient Billing/Insurance**

We accept most major insurance carriers; please ask if you have questions. Our participation is subject to change. We do not accept third party insurance such as worker's compensation or auto insurance (PIP). Fees for services are due at

the time the services are rendered. All co-pays are collected upon arrival, prior to seeing the provider. If you are unable to pay at the time of service, you will need to either work out a payment plan with our billing department or reschedule your appointment.

As a courtesy to our patients, we accept and file claims for numerous insurance plans. However, we do not always know in advance how each insurance carrier will reimburse for procedures. A carrier will send you an Explanation of Benefits (EOB) letting you know how much they paid and whether or not there is an additional balance. It is important that you understand your insurance plan. You are ultimately responsible for your fees and if your carrier does not cover your fees as expected, you will receive a bill for the outstanding balance from our office. (Note that your Explanation of Benefits may show a balance due, however this may not be what you owe us. Please wait until you receive a statement from us to send payment.) Please call your insurance carrier if you have questions about your coverage—we recommend you get the name and phone extension of the person to whom you speak in case you need to follow-up.

In some cases, your insurance company will require prior authorization before you can come in either for an office visit or a particular procedure. When possible, we will get the authorization for you and give you an estimate of how long it will take. Please keep in mind that this process could take weeks depending on the particular carrier and procedure (most authorizations take up to 5-7 business days).

If our office refers you to another physician or facility, we will obtain prior authorization if one is required.

### **Self-Pay (No Covered Insurance Plan)**

Patients who are considered self-pay are those without insurance or those with insurance that we do not accept or those who will not furnish all the information we need to work with your insurance companies. Self-pay patients will be asked to make the full payment at the time of service. If there are additional services beyond what was estimated for that visit, the patient may receive an additional bill for the balance.

A patient may speak with the business manager or billing director to work out a payment plan.

### **Insurance Filing**

We will file all claims for patients' primary and secondary insurance carriers, provided we have the correct information. If your claims are rejected even after

we have corrected any known errors, you may receive a bill for the outstanding balance and will be responsible for filing a claim for reimbursement with your carrier.

Payments should come directly to our office. If, for some reason, the payment comes to your home, please drop it off or mail it to us.

### **Surgery Payments**

Patients who schedule surgery must pay any outstanding balance and the estimated co-pay and/or coinsurance at the preoperative office visit appointment. Please note: If you are unable to pay the surgery coinsurance amount at the preoperative, you will be asked to set up a payment plan by providing us with a credit card to keep on file to charge on a monthly basis. The coinsurance is an estimated amount determined by the billing department based on insurance policy deductibles and coinsurance. Please note this is an estimated amount and an additional amount may be owed once the claim is reviewed and paid by the insurer. If additional monies are owed, we will send you a statement notifying you of this.

### **Outstanding Balance**

Although office co-pays are collected at the time of service and insurance claims are filed in a timely fashion, sometimes your insurance carrier follows a different fee schedule. **IN OTHER WORDS, THE AMOUNT YOU PAY DURING YOUR VISIT MAY NOT BE ALL YOU OWE.**

Unless otherwise stated by your insurance company, most insurance carriers have:

- Co-payment for office visits
- Encounter fees
- Yearly deductibles/annual out of pocket fees
- Services must meet medical necessity guidelines
- Guidelines for services covered.

We are always willing to work with our patients to make sure that they can meet their financial obligations. However, if the patient has not made an effort to pay outstanding balances and has three (3) statements from our office, we reserve the right to turn the account over to collections. We will not be able to provide further services until such time as the balance is paid in full.

We are proud to offer the highest quality medical service accompanied by great customer service. We are willing to work out a reasonable payment plan with you. However, if after repeated tries to collect payment from you, and we do not

receive any payment, we reserve the right to flag your record as non-compliant. As a non-compliant patient, we reserve the right to legally release you from our care.

## **Payment Options**

For your convenience, we accept Visa, Mastercard, cash and checks. We do not accept American Express or Discover Card at this time. If your check is returned for insufficient funds you may be subject to a \$25 rebilling fee and/or bank charges and will be asked for Mastercard or Visa to make your next appointment. The credit card will only be charged if the appointment is missed.

## **Litigation**

We would like to emphasize that as a medical office we work to create a trusting relationship with you, not your insurance company. This office does not participate in patients' litigation. This office will not be available or required to give opinions in reference to your condition including, but not limited to depositions, hearings, testimony, and/or trials.

Correspondence services, such as copies of medical records, letters, forms, and phone calls with you, or on your behalf, may be performed upon your request or as required for your care. You, or the receiving party, will be billed for such services.

## **Cancellation of Follow-up Appointments**

If a provider has recommended a follow-up or review of test results and you choose to cancel, you may be compromising your health outcome. By choosing to cancel and not reschedule you are going against medical advice and could potentially put your health in jeopardy.

## **Questions**

If you still have questions, please address them with the Office Manager. Please do not ask your provider financial questions during your visit, they cannot address these issues. Any discussions with the provider that do not include the Office Manager are not final. The provider may need to discuss the inquiries made by the patient with Office Manager to determine a final decision.



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### ***Acknowledgement of Receipt of Financial Policy***

It is the policy of the Arthritis and Joint Center of Florida to maintain the privacy of all patients' transactions. The Arthritis and Joint Center of Florida and its representatives are hereby authorized to release any medical or incidental information that may be necessary for either medical care or in processing requests for financial benefit. A copy of our Privacy Policy and Financial Policies are available for your review.

I, \_\_\_\_\_,  
have received or read a copy of the Arthritis and Joint Center of Florida's  
Financial Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date