

University Orthopaedic Services, Inc. (d/b/a UBMD Orthopaedics & Sports Medicine) is dedicated to providing the best possible care for you. We offer the following information to help you understand our financial policy and aid you in planning for payment.

## Insurance Verification and Co-payments

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due and payable at the time of service. All payments are expected to be made in U.S. dollars. University Orthopaedics accepts personal checks and credit cards. Only credit cards are accepted in office. There is a service charge of \$25.00 for returned checks. Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement is made. Unpaid accounts, including payment arrangements not made, will be turned over to a collection agency.

## Insurance Plan Participation - subject to change. please visit our website at [www.ubortho.com](http://www.ubortho.com)

UBMD Orthopaedics participates with the following insurance companies: Blue Cross Blue Shield, Independent Health, NYS Workers Compensation, Medicare & Railroad Medicare, Univera Healthcare, Empire Plan, Fidelis, Nova, United Healthcare, Aetna/Magnacare, Group Health Incorporated (GHI), Tricare, POMCO/Magnacare, YourCare, Fallon Health, NYS Medicaid.

It is the patient's responsibility to be aware of their insurance coverage, policy provisions and authorization requirements. Not all UBMD Orthopaedics providers participate with all insurances listed above. Please verify whether the physician accepts your insurance coverage when scheduling an appointment. We bill non-participating insurance companies as a courtesy to you. Payment is expected prior to service. Outstanding balances are the responsibility of the patient.

## Self-Pay Accounts

Self-pay accounts shall exist if a patient has no insurance coverage. Payment is expected at the time of service unless prior arrangements have been made with the physician's office.

## High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts) - **PLEASE SEE BELOW**

If your insurance is a High Deductible Plan (ex. IHA iDirect, BCBS POS, Univera) you will be required to pay a deposit prior to services being rendered. The deposit will be applied to your total cost, you will be billed for the balance owed or issued a refund for an overpayment.

## No-Fault/Workers Compensation

Patients are responsible for providing our office with all information required to properly submit charges, i.e. insurer, claim#, date of injury, etc. Without this information, the fees mandated by New York State will be charged to reflect our private fees and you will be responsible for payment. If you have private insurance with which we participate and obtain any referrals/authorizations, we will submit on your behalf and bill you for any unpaid balance.

## Medicare

We are "participating physicians." This means that we must accept Medicare's allowed charge for services rendered. Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20% plus any out-of-pocket deductible. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance after Medicare has paid. Please remember that although we accept assignment for Medicare, the patient, by federal law, must be held responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

## Cancellation Fee

A fee of \$35 may be charged for any appointments missed or not cancelled before 24 hours of the scheduled visit. It is the patient's responsibility to notify the physician's office when an appointment needs to be cancelled or rescheduled.

**Disability/Assessment Evaluation/Verification of Treatment Forms:** All forms requesting completion must have the following: completed patient statement section, signed and dated where indicated. **There is a \$10.00 charge for each form completed. (PRE-PAID IN CASH ONLY).** We are unable to accept a check for this service. Any checks received will be returned along with the form. The form fee is charged at the discretion of each office. Please allow approximately seven business days for forms to be completed and mailed or faxed. Please include any special instruction on what to do with the form once completed.

**Surgical Cancellation and Rescheduling:** Should you need to cancel or reschedule your surgery, a minimum 2 week notice is required. Failure to provide the office with the required notice may result in a \$200 cancellation/rescheduling fee. This fee will not be submitted to your insurance and will be your responsibility to pay in full prior to scheduling any future appointments with the office. This cancellation fee is charged at the discretion of the surgeon.

### **Custodial Parent Responsibilities**

The custodial parent is responsible for payment at the time of service whether the account is considered self-pay, participating Insurance, or nonparticipating insurance. The office does not get involved with divorce specifics, e.g., one parent pays 80% and the other 20%. It is the parents' obligation to work out an agreement themselves or through the court system.

### **Office Policy on High Deductible Plans**

"High Deductible" insurance plans are becoming common place, now more than ever because of the Affordable Care Act. These plans require the patient to spend out of pocket money (anywhere from a few hundred to several thousand dollars) for medical care before the insurance company reimburses for services. This deductible starts again each year your plan renews.

It is our policy to **collect the deductible amount (if not met), copayment, or coinsurance at time of service in the office and prior to service for procedures and elective surgeries.** We base these fees on the fee schedule provided by the insurance companies. After the claim has been processed, if there is a difference in the amount, a refund will be issued for overpayment or a bill will be sent for any additional amount owed.

Sometimes fees exceed what the patient anticipates having to pay when they schedule an appointment. For example, at an office visit you may end up having an x-ray, procedure (i.e.: fracture, injection), treated for a fracture, DME (durable medical equipment), etc., which all have legitimate fees that are subject to your deductible if not met. We cannot always anticipate all what will happen at your visit. Patients having concerns about fees for which they might be responsible are expected to ask before the services are rendered. We are happy to answer your questions.

It is ultimately the patient's responsibility to know if their plan has a "High Deductible" and if it has been met for the year. If you have any questions regarding your plan you should contact your insurance carrier as every plan is different.

If you have any additional questions or concerns regarding our office policy, please feel free to ask our staff.