Practice Policies

Thank you for choosing Chatham Orthopaedic Associates (COA), Chatham Sports Medicine & Physical Therapy (CSM), and Effingham Orthopaedic Practice LLC. (EOP) for your orthopaedic and pain management care. We are pleased to serve you. Our practice accepts most insurance plans and will gladly file insurance claims on your behalf. We will work with you to ensure your benefits are maximized and will provide assistance in planning your out of pocket expenses with a payment schedule. Please review our payment policies to ensure an understanding of our practice. Let us know if you have any questions.

Patient Financial Policy

The following information is in regards to our patient financial policy. Please discuss any questions you may have regarding our credit policy with our Patient Account Representative.

Self Pay Accounts - Self-pay accounts are required to pay $300.00 at the time of check in. We designate accounts Self-pay under the following circumstances:

- Patient is covered by an insurance plan in which our practice does not participate.
- Patient does not have a valid insurance referral on file, such as HMO or Tricare Prime.
- Patient does not have health insurance coverage.

Payment Due at the Time of Service

- We accept cash, checks, debit and all credit cards.
- All co-pays, deductibles and non-covered services are due at the time service is rendered unless payment arrangements have been made PRIOR TO YOUR APPOINTMENT. In ability to pay may require your appointment to be rescheduled.
- If your co-pay is a percentage and you do not have secondary insurance, a minimum payment of $20.00 is required at the time of the appointment.
- Patient balances are due at the time of check-in.
- In the event surgery is needed and you have insurance coverage, payment of no less than 50% of the estimated surgeon's fees may be obtained prior to scheduling the surgery depending upon the insurance plan, deductibles and coinsurance.
- If the balance is not paid in full within 90 days, we will then forward your account to our Account Management Company.
- We reserve the right to report delinquent accounts to a collection agency or terminate you as a patient of this practice.

Proof of Insurance and Changes in Patient Demographic Information

- Please bring your insurance card and photo identification to every appointment.
- It is your responsibility to inform the scheduling and registration staff when the injury may be the responsibility of a third party (auto insurance, liability insurance company, worker's compensation) instead of the patient's health insurance. We do not accept third party insurance.
- It is your responsibility to notify the practice of changes to your health insurance, address, phone and employment.

Referrals - If your insurance requires a referral to a specialist, you are required to obtain the referral from your primary care physician prior to your appointment. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Precertifications and Authorizations - If your insurance company requires preadmission certification or authorization for imaging, injections, labs, surgeries or other services, it is your responsibility to see that we notify your insurance company prior to all admissions or office visits. Any charges not covered as a result of non-certification will be your responsibility.

Divorce and Custody

- In cases of divorce, the individual who receives care is responsible for payment of co-pays, co-insurance, deductible and non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.
- The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating, or non-participating insurance. The practice does not honor divorce specifics.
- If a child has coverage with a participating insurance and the proper identification is present at the time of service, the practice will bill the insurance company. Applicable co-pays, co-insurance and/or deductibles are due at the time of service, unless arrangements have been made with the office prior to arrival. **Please see Self Pay Accounts**

Worker's Compensation - We will verify your claim prior to your appointment date. If Workers Compensation is denied or controverted, you will be converted to self pay or individual health insurance. If the individual health insurance plan in which you are covered requires a referral, it will be the responsibility of the patient to obtain this referral.

Although we accept most insurance plans and file insurance claims on your behalf, ultimately you hold the financial responsibility for your account since your insurance plan determines your financial responsibility. We ask that you remit any applicable copay, deductible, and co-insurance according to the terms of your insurance contract at the time services are rendered. However if you do not pay your copay at the time of your appointment, we retain the right to levy an administrative charge of $20. Additionally, it is your responsibility to provide any necessary referral, preauthorization and / or certification information to us that is required by your insurance plan prior to your visit.

If you do have an outstanding balance due, we appreciate prompt payment in full. If you are unable to make payment in full, please inquire about arranging a payment plan. If multiple attempts to collect payment from you are unsuccessful, we reserve the right to turn the outstanding balance due to a collection agency. In addition to the principal balance due, you will also be responsible for any legal or collection agency fees incurred. Any payment made to us in the form of a check that is returned for insufficient funds will incur a $25 fee per incidence.

FINANCIAL POLICY SUMMARY

- I understand that I am responsible for obtaining any referral required by my insurance.
- I understand I must notify the practice of any preauthorization or certification required by my insurance.
- I agree to be fully responsible for all lawful debts incurred by myself/or my dependent for services received from COA, CSM and EOP whether covered by my insurance or not.
- I understand in the event surgery is needed and I have insurance coverage, payment of no less than 50% of the estimated surgeon's fees may be required before the surgery is scheduled.
- AUTHORIZATION: I hereby authorize and assign my insurance benefits to be paid directly to COA, CSM and EOP FOR services performed, realizing I am responsible for non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers. I have read and certify billing information as listed above as being accurate.
- I have read the Patient Financial Policy and I agree to abide by all terms.

Cancellation Policy Consent

Physician Offices: If you fail to provide us with a 24 hour notice of cancellation or fail to keep your scheduled appointment, we reserve the right to charge you a $25 no show fee. Repeated failures to “No Show” for an appointment without notice of cancellation will result in a dismissal from the practice.
Therapy Services: If you fail to provide us with a 24 hour notice of cancellation or keep your scheduled appointment, we reserve the right to charge a $25 cancellation fee. Repeated failures to “No Show” for an appointment without notice of cancellation will result in a dismissal from the practice.
Imaging Services: If you fail to provide us with a 24 hour notice of cancellation or fail to keep your scheduled appointment, we reserve the right to charge you a $100 no show fee.

Surgery: If you fail to provide us with at least 7 (seven) days' notice of cancellation or fail to keep your scheduled surgery, we reserve the right to charge you a $250 fee.

Surgery Policy Consent

If you have surgery performed in one of Chatham Orthopaedics Associates, P.A. outpatient surgery centers, you will receive three separate charges for the services provided:

- one for the surgeon's fee
- one for the facility
- one for the anesthesiologist

If you have surgery in an outside facility (a hospital or non- Chatham Orthopaedics Associates, P.A. surgery center), you will receive a bill from us representing the surgeon's fee. In addition, you likely will receive separate bills for services rendered by the hospital, anesthesiology, and possibly radiology and pathology. Please be sure that you understand your insurance coverage and benefits prior to undergoing surgery.

DME Policy Consent

There may be occasions when your course of treatment requires the use of an orthopaedic appliance or soft goods to facilitate your rehabilitation. We will fit and instruct you on how to properly wear or utilize the appliance or goods. In these instances, we will verify your benefits and file a claim to your insurance company when applicable. In cases where insurance does not cover the required equipment or fitting consultation, we do require payment in full for the equipment at the time of service.

Patient agreed to the following statement: I hereby indicate my full understanding and consent to the above described policy. Additionally, I provide authorization to my insurance company to pay any applicable benefits directly to COA or EOP based on where my services were rendered.

Use of Mid Level Providers

COA and EOP employs highly qualified, experienced nurse practitioners and physician assistants. Many of these staff members also have additional education as athletic trainers and are certified. They are credentialed by third party payers and our hospitals to provide care within their scope of practice. They are valuable members of the patient care team that assist in evaluating and treating patients as well as assisting physicians in surgery. You will see these individuals during your course of treatment. Physicians will generally establish the plan of treatment and the mid-level provider will work with the patient and physician to help achieve plan objectives. Be assured all mid-level providers are communicating with your physicians on your care even if you do not see your physician during a visit and all notes are reviewed by the physician each time you are in clinic.

Express Prior Consent to Contact Consumer by Cell Phone

You agree, in order for us to service your account or to collect monies you may owe, COA, CSM, EOP and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

Disclosure of Ownership Interest

The Federal Government (Patient Protection and Affordable Healthcare Act, Sections 6409 and 6003, dated March 23, 2010) mandates that we provide information on facilities other than those owned by our physicians. Chatham Orthopaedics Associates, P.A. (COA) is wholly owned by the partner physicians who provide care in the offices of Chatham Orthopaedics. In addition, COA has a collaborative partnership with Effingham Health and provides care to our patients at Effingham Orthopaedic Practice. The same group of physician owners also own the majority interest

in the outpatient surgery center Chatham Orthopaedic Surgery Center which is managed by Surgical Care Affiliates. COA wholly owns the MRI facility and therapy clinics associated with Chatham Orthopaedics. Our physicians oversee and direct all the medical services offered at our facilities to ensure the highest standard of care is provided to you. A schedule of fees related to the services you might receive can be provided at your request. You have the right to request that services be provided at locations other than those described above. We will provide a referral to other medical facilities providing those services in the areas in which we serve.

GRAChIE Health Information Exchange

I hereby acknowledge that COA and EOP may make my medical information available electronically through state, regional, or national information exchange services which helps make my medical information available to other healthcare providers who may need access to it in order to provide care or treatment to me. Participation in health information exchange services also provides that COA and EOP may see information about me from other participants.

Notice of Privacy Policy

I hereby affirm that I have received a copy of the *Notice of Privacy Practices* from Chatham Orthopaedic Associates (COA) and Effingham Orthopedic Practice LLC (EOP) under federal law 10Health System Orthopa4-191, also known as HIPAA, I am entitled to receive a copy of this *Notice* from my healthcare provider.

I understand that my signature on this acknowledgment only signifies that I have received a copy of the *Notice,* and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this acknowledgement or not.

I agree that Chatham Orthopaedic Associates (COA) and Effingham Orthopaedic Practice LLC (EOP) may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payers for treatment purposes.

I understand that, under the Health Insurance Portability Accountability Act of 1996 (HIPAA), that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple Healthcare providers who may be involved in that treatment directly and indirectly
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that Chatham Orthopaedic Associates (COA) and Effingham Orthopaedic Practice LLC (EOP) has the right to change it Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practice or go to Chatham Orthopaedic's website to review a current copy.

I understand that I may request in writing that Chatham Orthopaedic Associates (COA) and Effingham Orthopaedic Practice LLC (EOP) restrict how my private information is used or disclosed to carry out treatment, payment or health care operations based upon certain guidelines. I also understand you are not required to agree to my requested restrictions, but if you do agree than you are bound to abide by such restrictions.