

Practice Policies

Thank you for choosing Chatham Orthopaedic Associates (COA), Chatham Sports Medicine & Physical Therapy (CSM), and Effingham Orthopaedic Practice LLC. (EOP) for your care. We are pleased to serve you. We provide patient focused, evidence based orthopaedic, pain management and therapeutic care to all patients regardless of race, color, national origin, sex, age, disability or other legally protected category in accordance with applicable law. Our practice accepts most insurance plans and will gladly file insurance claims on your behalf. We will also provide assistance in planning your out of pocket expenses with a payment schedule. Please review our patient 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.

Service Animals

It is our policy to allow service animals in our facilities. Unless otherwise provided by applicable law, service animals are dogs that are individually trained to do work or perform tasks for people with disabilities. The work or task an animal has been trained to provide must be directly related to the person's disability. Animals whose sole function is to provide comfort or emotional support do NOT qualify as service animals. If it is not obvious what service an animal provides, staff may ask if the dog is a service animal required because of a disability and what work or task it has been trained to perform. At all times, the service animal must be controlled by its handler, must be housebroken, and must not create a direct threat to the health or safety of others. If unacceptable behavior causes staff to request that the service animal to be removed, the patient with the disability will be offered the opportunity to receive services without the animal's presence. A service animal barking repeatedly, jumping on patients or staff, or relieving itself in the facility will not be tolerated.

Patients with questions about the COA and EOP Service Animal policy may contact the Section 504/ADA coordinator, Alaina Cooper, who may be reached at acooper@chathamortho.com or (912) 355-6615.

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.

Non-Discrimination

Non-Discrimination Policy: In accordance with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination in Employment Act of 1975, and the applicable regulations of the U.S. Department of Health and Human Services (HHS), COA and EOP does not exclude, deny benefits to, or otherwise discriminate against any person because of race, color, national origin, disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by COA and EOP directly or through a contractor or any other entity with which COA and EOP arranges to carry out its programs and activities. COA and EOP affirms that its programs, services and activities are accessible to individuals with disabilities.

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, and the applicable HHS regulations, COA and EOP does not exclude, deny benefits to, or otherwise discriminate against any person because of sex in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by COA and EOP directly or through a contractor or any other entity with which COA and EOP arranges to carry out its programs and activities.

Contact Information: The contact person/Section 504/ADA coordinator for COA and EOP is Alaina Cooper, who may be reached at acooper@chathamortho.com or (912) 355-6615. Foreign language interpreters, sign language interpreters, and other assistance is available upon request to Ms. Cooper or the front desk.

If you believe you have been discriminated against on one of the bases protected by these statutes, you may contact Alaina Cooper or file a complaint with HHS Office for Civil Rights (OCR): U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 Toll Free Call Center: 1-800-368-1019 TTD Number: 1-800-537-7697 or email at ocrmail@hhs.gov.

Grievance Procedure: In furtherance of its policy not to discriminate on the basis of disability, COA and EOP has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (Section 504) or the implementing HHS regulations. Section

504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The law and regulations may be examined in the office of the Section 504/ADA coordinator for COA and EOP, who is identified above.

Any person who believes he/she has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for COA and EOP to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

- Grievances must be submitted in writing to the Section 504/ADA coordinator within 14 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- The complaint must include the name and address and contact phone numbers of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy/relief sought.
- The Section 504/ADA coordinator (or his/her designee) shall conduct an investigation of the complaint. The investigation may be informal, but it will be thorough, affording all interested persons an opportunity to provide facts relevant to the complaint. The Section 504/ADA coordinator will maintain the files and records of COA and EOP relating to such grievances.
- The Section 504/ADA coordinator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Section 504/ADA coordinator by writing to the CEO of COA and EOP, at Chatham Orthopaedics Associates, 4425 Paulsen Street, Savannah, Georgia 31405, within 15 days of receiving the Section 504/ADA coordinator's decision. The CEO shall issue a written decision in response to the appeal no later than 30 days after its filing.
- The availability and use of this grievance procedure do not prevent a person from filing a complaint of discrimination on the basis of disability with the HHS Office of Civil Rights.

COA and EOP will make appropriate arrangements to ensure that persons with disabilities are provided accommodations, if needed, to participate in the grievance process.

Notice of Program Accessibility

COA and EOP and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, blind, or who have other sensory impairments. Accessible features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level with elevator access to all other floors.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, and patient treatment areas, including examining rooms.
- Assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids, such as sign language interpreters for persons who are deaf or hard of hearing. COA and EOP staff are always willing to assist patients with special needs.

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 its 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 then you are bound to abide by such restrictions.