

Introduction

Thank you for choosing Iowa Orthopaedic Center, P.C. (Iowa Ortho) as your healthcare provider. We are committed to the successful treatment of your medical condition, and ensuring that you clearly understand that our Clinic & Financial Policy is important to our professional relationship. Please understand that payment of your bill is considered part of your treatment. If you have any questions regarding this policy, please feel free to contact our Billing Department at (515) 282-5288.

Patient Responsibilities

- All patient amounts outstanding, including co-payments, co-insurance, and deductibles are due at the time of service.
- If you do not know your co-pay, you may use our phone to contact your insurance company to find out.
- We must have a copy of your current insurance ID card(s). It is your responsibility to inform us of all your insurances that you may have.
- All patients must complete the Iowa Ortho "Patient Information Form", and other forms important to your treatment at the time of registration. Failure to provide accurate billing information at the time of service may result in fees becoming patient responsibility.
- Please notify us immediately of any changes in your insurance information or coverage.
- You must submit all information required by your insurance company to guarantee payment for services rendered to you.
- You must provide photo identification.
- You are ultimately responsible for payment of all services.
- Any unauthorized recording or photography while at Iowa Ortho is strictly prohibited.
- Service animals, as defined by the ADA, are permitted to accompany patients. Any other animal is strictly prohibited from any Iowa Ortho office.

Payment for Services

- For your convenience we accept cash, check, debit card and all major credit cards as payment for services. We also offer CareCredit, which is a low cost financing alternative for medical care.
- Full payment is due on or before the time of service for self-pay patients, or if insurance information (and copy of insurance card) have NOT been provided.
- For cases in which we bill insurance directly, it is your responsibility to know what your insurance company covers through your policy. Our office does not assume any responsibility for denial of any or all parts of your claim by any insurance company. If payment is not received from the insurance carrier or other responsible party within 90 days, you acknowledge that we have the right to bill you directly.
- To accommodate those in need, we are willing to work with patients to establish a mutually agreeable payment plan for services provided. All arrangements need to be approved in advance by our Billing Department. Regular agreed upon monthly payments must be received to keep your account current.

Other Important Considerations

Missed Appointments

Please help us serve you and all of Iowa Ortho patients by keeping your scheduled appointment. If you need to cancel or reschedule, please call at least **twenty-four (24) hours in advance**. If you fail to show for your scheduled appointment, we have the right to charge a \$50 fee.

Interpretation Services

If interpretation services have been arranged, Iowa Ortho requires advance notice of 48 hours when cancelling or rescheduling an appointment. Contracted interpretive service companies require minimum notice. Appointments

cancelled with less than 48 hours notice, or no notice will result in those fees being billed directly to you. The minimum fee is \$50.

Medicare

We accept Medicare assignment. As a Medicare patient, you are responsible for the difference between Medicare's approved charge and the amount Medicare pays, your deductible and charges for any service not covered by Medicare. If you have supplemental insurance, we will bill your insurer directly for you. You will receive a bill after your insurance has paid.

Medicare Advantage Plans

We periodically review plans and make changes whereas participation is concerned. Please contact your insurance company to see if Iowa Ortho is in network with your insurance plan. For further billing questions please call 515-288-5200.

HMO/PPO

Your insurance policy is a contract between you and the insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered and not considered reasonable and necessary under your insurance plan. We are a member of most, but not all, insurance plans. You are responsible for verifying that we are an in-network provider under your plan. If you are an HMO member, you will not be billed as long as you have obtained the necessary referrals. All patients will be responsible for their co-payments, co-insurance and deductibles as applicable and as long as they have verified with their insurance company that your physician is in their plan.

Additional Testing

If laboratory tests, pathology services, or other consultations are necessary to aid us in determining a diagnosis, these will be billed to your insurance company directly. It is your responsibility to inform us before processing if your insurance limits your laboratory, pathology or consulting physician services access.

HSA (Health Savings Accounts)

If you have an HSA, a deposit of services is due at the time of service. The deposit will be based on the specific services performed. We will file the charges with your HSA and reimburse any credit amount to you.

Workers' Compensation

If you are being seen as a result of a work-related injury, we will require information regarding your health insurance, or employer and your employer's Workers' Compensation insurance. We will also need to verify that your employer assumes responsibility for charges incurred. If we cannot verify employer responsibility or we are unable to obtain information on your employer's Workers' Compensation insurance, as a courtesy we will bill your health insurance carrier.

Accident/Personal Injury Claims

If you are being seen as a result of an accident claim, we will require information regarding your health insurance and accident location. Iowa Orthopaedic Center, P.C. will not file claims with a Third Party Payer. It is your responsibility to contact your health insurance carrier to provide accident details and request subrogation. If you do not wish to file this claim to health insurance, you will be billed as self-pay and it is your responsibility to collect reimbursement from the Third party Payer. If payment is not received from your health insurance carrier within 90 days, we have the right to bill you directly.

UCR (Usual and Customary Rates)

We are committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area.

Return Check Fees

A \$30 insufficient funds fee will be charged to your account for any returned check. Please note this charge is in addition to fees associated with your banking institution.

Medical Records

- We will send your records directly to another physician's office at no charge.
- Your office visit notes are available via our online patient portal at any time. Please visit www.iowaortho.com to access them.

- If you require a personal copy, disability and/or FMLA documents to be completed by our office, please note that it takes 7-10 working days to complete these forms. There will be a nominal administrative fee charged for these activities.