

FLORIDA HAND CENTER FINANCIAL POLICY

Thank you for choosing our practice! We are committed to the success of your medical treatment and care.

For your convenience, we have answered some of the most commonly asked financial questions below.

HOW MAY I PAY?

We accept payment by cash, personal check (except third party checks), VISA, MasterCard, Discover, American Express, and debit cards.

WHAT IS MY FINANCIAL RESPONSIBILITY?

You are responsible for any co-pay or co-insurances at the time of service. We will also collect charges for your visit if you have a deductible that has not been met. While we do verify your insurance coverage and provide you with the best financial estimate possible, coverage's vary and we cannot be responsible for all information. It is highly recommended that you know your insurance coverage, and check your financial responsibility before any treatments. As a courtesy, we do submit your bill to the insurance company initially, and you will be billed for any balance remaining after receipt of their payment. In situations in which the insurance company requires additional information, you will be notified that we have received a denial for this reason, and we will hold your claim for an additional 30 days to receive payment. If, however, we do not receive payment within that time period, the bill will become your responsibility, and payment will be expected upon receipt of your statement. We employ every means to ensure that claims are sent appropriately, yet on occasion, a claim may not be paid. To reduce our costs, which ultimately benefit our patients, we will not be filing your claim more than once unless it is our mistake which caused the claim to remain unpaid. At that point, you will be financially responsible for our fees, and you will need to follow up with your insurance company for reimbursement. We cannot be responsible for apprising you of your insurance benefits, or lack thereof.

IS OCCUPATIONAL THERAPY COVERED?

There is a possibility that if you have BCBS SUPPLEMENTAL COVERAGE OR BCBS MEDICARE REPLACEMENT COVERAGE, it will not cover OT.

Dr. Helgemo is a contracted physician; however, our therapists are not contracted. Unfortunately, we are unable to find out in advance if they

will or will not pay for OT. It is your choice, if you need therapy, to come here or be given a prescription for therapy at another facility that may be covered by your insurance. If you choose to come here, you will be responsible if your insurance does not pay. Our therapists specialize in hand therapy, which assists in achieving excellent outcomes. An occupational therapist who is a generalist can still assist you with the recommended therapy, much as a general orthopedist could assist with the complaints that brought you to our office. However, as with a hand specialist, certified hand therapists have attained the knowledge that will ultimately benefit you, our patient, to achieve the best possible result in the shortest time possible.

WHAT IF MY CHILD NEEDS TO BE SEEN?

A parent or legal guardian **MUST** accompany minor patients on their visits. This accompanying adult is responsible for any payment due at the visits. If the child is covered by a non-custodial parent or guardian's insurance plan, we must have all the correct insurance information. We will gladly supply receipts for reimbursements of co-pays or co-insurance.

NO SHOW POLICY

We strive to ensure that you receive excellent care in a timely fashion. While we understand that situations may arise where one appointment is missed, consistent missed appointments will be charged at the rate of \$30.00 each. A phone call, at least 24 hours in advance, is necessary in order to allow us to schedule another patient in need, and will prevent you from being charged the 'no show' fee.

I have read, understand, and agree to the above Financial Policy. I understand that I am ultimately responsible for all charges incurred. I further authorize my insurance benefits be paid directly to Southwest Florida Hand Specialists, and agree to the release of pertinent medical information to my insurance company to facilitate payment of claims.

Please be advised that the Florida Hand Center reserves the right to change their financial policy at any time, but will make every effort to apprise their patient's of any adjustments.

Date

Patient or Legal Guardian Signature

Printed Name