

**ORTHOPAEDIC SOLUTIONS AND SPORTS MEDICINE CENTER PA
JAY R. PARIKH, FAAOS, FACS**

/ FINANCIAL AGREEMENT: I understand that I may be responsible for any copays, deductibles, coinsurance, and/or payment of services rendered if the services or supplies are not covered by my insurance. Orthopaedic Solutions and Sports Medicine Center participates with most major insurance plans. However, insurance plan participation is subject to change. I understand it will be my responsibility to verify with my insurance carrier the plan participation status of my provider prior to a service being rendered, including referral or authorization numbers from my PCP. Insurance will be billed according to the contractual guidelines of my primary insurance. Even though my insurance is filed, the medical bill remains my responsibility until paid in full. OSSM does not file Medicaid secondary unless Medicaid automatically crosses over from the primary insurance. Due to contractual obligations, we are not able to extend professional courtesy write-offs.

/ PAYMENT AGREEMENT: Copayments, deductibles, coinsurance, noncovered services (including pre-existing conditions) and services denied due to lack of referral are my responsibility. Accounts are due within 90 days of the date of service, regardless if claims are denied, unsettled, or unpaid, unless otherwise determined by your health plan. After 90 days of the date of service, any outstanding balances will be sent to a collection agency. Payments are due within 30 days of statement date. If I do not abide by this payment agreement, and my balance becomes delinquent, I understand that my my account may be forwarded to a Collection Agency outside of this office and a \$40 processing fee will be added to my account balance.

/ ASSIGNMENT OF INSURANCE BENEFITS: I assign medical benefits paid by my insurance carrier(s) to Orthopaedic Solutions and Sports Medicine Center PA for application to my bill. I acknowledge that I will be billed for charges not covered under my insurance policy.

/ ADDITIONAL CHARGES: You may have additional medical services ordered by the providers of Orthopaedic Solutions and Sports Medicine Center PA, such as MRI's or Physical Therapy which will be outside of our office. If surgery is required, the physician charge will be separate from the hospital charges. If this occurs, you will receive a separate billing from each provider involved in the surgery, for which you will be responsible.

/ RELEASE OF INFORMATION: I hereby authorize Orthopaedic Solutions and Sports Medicine Center PA to furnish the insurance company(s), employer, other payor(s) or their representatives, any and all information required to process my claims for services rendered.

MINORS: The parent(s) or guardian(s) accompanying a minor are responsible for payment. Minors (Under 18) must be accompanied by a parent or legal guardian to be treated.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD!!!!

Patient Name _____ DOB _____
Patient Name or Responsible Party

Date _____ Chart #: _____