

Michael J. Larson, M.D.
Board Certified
Orthopedic Surgeon

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Board Certified
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PATIENT FINANCIAL POLICY

Welcome and thank you for choosing Upper Valley Orthopedics as your health care provider. We are committed to giving you excellent care and treatment of your Orthopedic concerns. In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have questions regarding this policy please discuss them with our billing department.

GENERAL PAYMENT POLICIES

- Accurate insurance information is due at the time of service
- Patients are required to present a current insurance card with every visit; without an insurance card you may be required to pay at the time of service.
- We accept cash, check, debit and credit cards (MC, Visa, Discover, AMEX)
- Cash pay patients must pay in full at the time of service or prior to the date of procedure
- Co-payments are due at the time of service. Patients without co-payments at the time of service may be required to reschedule appointments.

Payment of bill is expected upon receipt of our statement. Accounts become past due after sixty (60) days unless alternative arrangements have been previously made through the billing office.

Self Pay: Payment on all accounts without insurance are due at the time of service. A discount is given with payment in full. Payment arrangements can be made with the billing office. Discount only applies for the date of service.

Insurance: Your insurance policy is a contract between you and your insurance company. We will bill your insurance for you. If your insurance company has not paid your account in full within ninety (90) days the balance may be automatically transferred to your responsibility for payment upon receipt of statement. We participate in numerous insurance networks. It is the responsibility of the patient to determine whether we are considered "in-network" with your plan. If you decide to continue treatment with our

office and we are "out-of-network", you will be responsible for any balance that your insurance will not pay.

Workman's Comp and other liability coverage: It is your responsibility to provide accurate information regarding your claim. We must have a claim number, insurance carrier information and mailing address at the time of your appointment. If this information is not provided, you will be considered a self pay patient and payment is due in full at the time of service. A copy of your personal insurance will be required to have on file if your claim is denied.

Medicaid/Public assistance: It is the responsibility of the patient to provide the necessary referral for treatment in our office. We are not a primary care facility. If this referral is not provided and this is not an acute injury, you will be required to reschedule your appointment until a referral is provided. You will also need to provide your medical card at each visit.

Minor Patients: A minor may not be bound by a financial agreement. The parents or guardians accompanying a minor are responsible for full payment. Non-emergency treatment will be denied for unaccompanied minors.

I have read and understand this financial policy and agree to be bound by its terms. I also understand that such terms maybe amended from time to time by Upper Valley Orthopedics, PLLC.

Signature of Patient/Parent/Guardian

Date
