

**CENTRAL KANSAS ORTHOPEDIC GROUP
PATIENT FINANCIAL POLICY**

Thank you for choosing Central Kansas Orthopedic Group for your orthopedic needs. The patient financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of, and compliance with, our patient financial policy is important. The original will be scanned into your EMR and a copy may be provided to you upon your request.

1. **Proof of Insurance:** All patients must complete our patient information form before seeing our provider. CKOG participates with a large variety of insurance plans, including Medicare. Please confirm with our staff that we participate with your specific insurance plan. It is your responsibility to ensure that we have your correct information and a current copy of your insurance card. If you are not insured by a plan in which we participate, payment in full is expected when a statement is received.
2. **Co-Payments, Deductibles and Co-Insurance:** All co-payments must be paid at the time of service. Payment in full for Deductibles and Co-Insurance is expected when a statement is received.
3. **Non-Covered Services:** Please be aware that some, or perhaps all, of the services you receive may not be covered or considered reasonable or necessary by your insurance plan. If you elect to have these services, payment in full is expected when a statement is received.
4. **Authorizations:** Obtaining a prior authorization for services is not a guarantee of payment. A prior authorization means that the information given at that time meets the medical necessity for their services, not a guarantee of payment. Your insurance plan will confirm to you that even though the services may be authorized, the services may not be covered under your plan and a decision for payment will not be rendered until a claim is submitted. If a claim is denied, payment in full is expected when a statement is received.
5. **Claims Submission:** As a courtesy to you, we will submit your claims and assist you in any way to facilitate payment. Your insurance plan may request additional information directly from you. Your failure to timely comply with your insurance plan's request may result in a denied claim. If a claim is denied, payment in full is expected when a statement is received.
6. **Self-Pay:** If you are uninsured, a \$75 payment is due at the time of service. Payment in full is expected when a statement is received unless you make other arrangements with CKOG.
7. **Non-Payment:** Unpaid account balances will be referred to collections.
8. **Payment Methods:** We accept cash, personal checks, money orders, cashier's checks, MasterCard, Visa and Discover as payment for services rendered.

Knowing your insurance benefits is your responsibility. Please contact your insurance plan with questions you may have regarding your coverage. This is an agreement between Central Kansas Orthopedic Group and the patient/responsible party signed below. By executing this agreement, you are agreeing to pay for all services that are received.

I have read and understand the payment policy and agree to abide by its guideline.

Patient/Responsible Party (Print) _____

Signature of Patient/Responsible Party _____ Date _____