

BOSTON UNIVERSITY ORTHOPAEDIC SURGICAL ASSOCIATES, INC.
PATIENT FINANCIAL POLICY

Thank you for choosing our physicians for your orthopaedic needs. We are dedicated to providing you with the best medical care possible. However, please understand that payment of your bill is part of this treatment. The following is a summary of our payment policy.

Co-Payments:

Your insurance company expects us to collect applicable coinsurance and co-payments at the time of your appointment. We accept payment by cash, personal check, Visa, MasterCard, and Discover. There is a \$25 service charge for returned checks.

Please note: our fees for office visits will vary due to different procedures such as fracture treatment, injections, and casts.

Referrals:

If you have an HMO plan with which we are contracted, you need a referral authorization from your Primary Care Provider. If we have not received an authorization prior to your appointment, we will ask you to call your Primary Care Provider's office when you arrive in our office. If you do not obtain an authorization, you may be asked to reschedule your appointment until an authorization can be obtained.

In most cases, an authorization is required for surgical procedures. If authorization cannot be obtained, your procedure may be rescheduled.

Services Not Covered:

Not all insurance plans cover all services. In the event your insurance company determines a service is "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

Cancellation Policy:

Missed appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. If you are unable to come to your scheduled appointment, please call us at 617-638-5633 to cancel your appointment. We reserve the right to charge for missed appointments. An excessive number of missed appointments without prior cancellation may result in discharge from the practice.

Hospital Bills:

Any bills you receive from Boston University Orthopaedic Surgical Associates, Inc. represent the physician's charges only. Because we are a hospital-based office, Boston Medical Center will also bill for the facility charges. You may receive separate statements from the hospital. If you have any questions regarding your account with Boston Medical Center, please contact Patient Financial Services at (617) 638-6157.

If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as private, indemnity, "regular" insurance, or "80%/20% coverage."	All applicable co-payments and deductibles are requested at the time of the office visit.	File an insurance claim on your behalf.
HMO & PPO plans with which we have a contract (see list on next page):	All applicable co-payments and deductibles are requested at the time of the office visit. You are responsible for obtaining a referral from your Primary Care Provider prior to your visit if applicable.	File an insurance claim on your behalf.
HMO with which we are <u>not</u> contracted.	Contact your insurance company to determine if a referral is required. All applicable co-payments and deductibles are requested at the time of the office visit.	File an insurance claim on your behalf.
Point of Service Plan or Out of Network PPO	All applicable co-payments and deductibles are requested at the time of the office visit.	File an insurance claim on your behalf.
Medicare	<u>If you have secondary insurance:</u> You are responsible for providing the secondary insurance information to our staff. <u>If you do not have secondary insurance:</u> Payment of the 20% co-payment is due upon receipt of a statement from our office.	File the claim on your behalf, as well as any claims to your secondary insurance.
Worker's Compensation	You must provide: <ul style="list-style-type: none"> • Employer name, address, and phone number • Worker's compensation insurance carrier name, address, phone number • Claim number • Health insurance information and referral if applicable. 	Call your carrier at the time of your visit to verify the accident date, claim number, primary care physician, employer information, and referral procedures. File the claim on your behalf.
Motor Vehicle Injury	You must provide: <ul style="list-style-type: none"> • Insurance company name, address, phone number, policy number for car you were in at the time of the accident • Claim number • Health insurance information and referral if applicable 	File a claim on your behalf.
No Insurance	You may apply for Free Care and Mass Health benefits; you are responsible for filling out the paperwork and obtaining necessary documents. <u>If you do not qualify for Free Care or Mass Health:</u> Payment in full is required upon receipt of a statement from our office.	Assist in the application process for Free Care. Payment plans for self-pay accounts are available by calling 1-800-456-1552.

We have contracts with the following insurance carriers:

Aetna/US Healthcare	Mass Health
BMC Healthnet	Massachusetts Blue Cross Blue Shield
Chickering	Maine Medicaid
Cigna	Medicare
Evercare	New Hampshire Medicaid
Fallon	Neighborhood Health Plan
First Seniority	Railroad Medicare
GIC Indemnity/Commonwealth Indemnity	Rhode Island Medicaid
Great-West Healthcare	Secure Horizons
HCVM	Tricare/Sierra
HMO Blue	Tufts
Health Management Center	United Healthcare
Harvard Pilgrim Health Care	

We welcome the opportunity to discuss any aspect of our policy. Please contact Amie Wilshere at (617) 414-1677 if you have any questions.