



Notice of Financial Policy

Thank you for choosing the Orthopaedic & Fracture Clinic (“OFC”) as your healthcare provider. OFC is committed to providing you with the best possible care. Your understanding of OFC’s financial policy is essential to our professional relationship. Please understand that payment of your bill is considered part of your treatment.

OFC files insurance claims as a courtesy to all patients if all necessary information is provided. OFC will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, non-covered charges, secondary insurance, usual and customary charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment of your account.

Medicare:

OFC is a participating provider and accepts Medicare assignment. OFC will submit your claim to Medicare and any supplemental insurance provided to the clinic. Medicare will pay OFC directly.

Blue Cross Blue Shield/Health Partners/Preferred One/ Medica/ Select Care/ America’s PPO/ Champus/ UCare/ TRPN:

OFC participates in these insurance plans and will submit a claim for you. The patient must obtain the documentation if your insurance company requires a referral or authorization. Co-payments are due at the time of service.

Medical Assistance:

OFC will submit a claim for you. A current identification card must be presented at the time of each service. If OFC does not have current information, the account will be changed to a self-pay status, and the patient will pay the amount.

Workers’ Compensation:

All necessary information must be provided to file a claim with your Workers’ Compensation carrier. OFC requires a copy of your employer's First Report of Injury Form. OFC will also require your health insurance information at the time of registration in case Workers’ Compensation denies the claim. If OFC does not have your health insurance, the amount owed will be the patient’s responsibility.

Motor Vehicle/Liability:

OFC will submit a claim to the appropriate insurance company if the insurance company name, address, and claim number are provided. OFC requires your health insurance information at the time of registration in case the claim is denied, or benefits are exhausted. If OFC does not have your health insurance, the amount owed will be the patient’s responsibility.

Other Insurance:

If you have insurance, OFC will help you receive maximum benefits. Your insurance coverage is a contract between you and your insurance company. OFC is not a party to this contract. There are some insurances OFC cannot accept.

Minor Children (under age 18):

Initial non-emergency treatment will be denied for unaccompanied minors. The parents or guardians of a minor are responsible for the payment of services. OFC will not become involved in disputes between divorced or separated parents.

Finance Charge:

A finance charge will be added to balances 28 days and older at a rate of .46% per statement or 6% annually.

Balances are due and payable in full upon receiving your statement. OFC accepts cash, personal checks, e-checks, money orders, Visa, MasterCard, Discover, and American Express. If OFC does not receive payment within 30 days of the statement date, OFC will contact you via the methods described below regarding payment of the balance. If you do not pay the amount owed, collection action, which may include referral to a collection agency [or law firm] will be initiated.

OFC will identify unpaid balances as uncollectable and end collection activities at such time as a collection agency has deemed the debt to be uncollectable. OFC will continue to accept payment of balances that have been determined uncollectable.

By signing below, you agree to OFC using automated, artificial voice and/or prerecorded messages, voicemails, text messages, and electronic mail to contact you regarding unpaid balances associated with your account. Communication may be sent to your home telephone number, cellular phone, or email address and message and data rates may apply. I understand that if I wish to not receive these communications, I may select the opt out option on the above-mentioned communication I receive or by contacting OFC at any time.

Thank you for reviewing OFC's financial policy. If you have questions regarding this policy, please call the Business Office at 507-386-6603.

I have read and understand the financial policy of the Orthopaedic & Fracture Clinic and agree to be bound by its terms.