

Fullerton Orthopaedic Surgery Medical Group, Inc.

Financial Policy

We are committed to providing you with the best possible medical care; if you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. **It is your responsibility** to:
 - 1) Bring your insurance card at every visit
 - 2) Be prepared to pay your copay at each visit. Payment can be made by cash, check or credit card.
 - 3) Medical care not covered under your insurance, **payment in full due at time of visit.**
- If you have insurance that we do not participate in, our office is happy to file the claim upon request; **however, payment in full is expected at the time of service.**
- If you are unable to pay for necessary medical care, you may be eligible for financial assistance. It is your responsibility to inform us prior to the visit.
- Referrals: It is **your** responsibility to bring any required referrals for treatment **at, or prior to the visit.** If you do not have the referral, your visit may be rescheduled, or you may be financially responsible.
- If the patient is a minor (18 years and younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at time of service, bringing the necessary referrals and insurance card.
- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (number is on the insurance card)

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to our insurance department. **Please sign that you have read and agree to this Financial Policy.**

_____ Signature of Patient or Responsible Party	_____ Date
_____ Signature of Co-Responsible Party	_____ Date

IF YOU WOULD LIKE A COPY OF THE FINANCIAL POLICY...PLEASE ASK FRONT DESK