

# **Joint Reconstructive Specialist**

## **Financial Policy**

*Thank you for choosing "Joint Reconstructive Specialist" as your healthcare provider. At JRS we are dedicated to providing the highest quality, most cost effective care specializing in Orthopedic Reconstructive Surgery.*

In addition to accepting traditional insurance plans and Medicare we are contracted with numerous, Preferred Provider organizations (PPO) and Health Maintenance Organizations (HMO). Because each plan is different and constantly updating providers participation status, please check with your particular plan to make sure we are currently participating in your network. We ask that you assist us in maximizing your insurance coverage by cooperating fully in all referral, prior authorization and pre-certification processes.

**Please be aware that all insurance carriers do not consider some services rendered and covered benefit. It is important that you are aware of your insurance policy provisions of coverage.**

Accurate, up to date information is the patients' responsibility: please notify our office of any changes in your insurance or personal billing information. Please bring to each appointment your current insurance card, or any other information that is required by your insurance carrier. By maintaining updated information that this ensures that your medical claims are filed correctly and prevents any unnecessary delays in processing your claim.

**Payment for all co-insurance**, deductible, and non-covered services are due at the time of service unless special arrangements have been made. Payments can be made by cash, check, money order, Visa, Discover, or MasterCard. We do have a payment plan for patients who have financial concerns. Please notify our office at 419-5539 to make arrangements. **Please be aware that charges for physical therapy, durable medical equipment, laboratory testing, anesthesia, hospital, ambulatory surgery facilities and some radiology services may be billed separately.**

**There is a \$35.00 charge for any FMLA, disability or accidental form completed. This Charge is applicable per form completed and is payable prior to completion.**

If you require surgery or other invasive procedures and are scheduled at Community Hospital at Saints North or Northwest Surgical Hospital, please be advised that your physician may have ownership in those facilities. If you wish, you may request another facility.

Again thank you for allowing Joint Reconstructive Specialist to participate in your care.

Sincerely,

JRS physician & Staff

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My signature below acknowledges receipt of this Financial Policy:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(signature of person financially responsible for payment)

Relationship if other than patient \_\_\_\_\_