## **Granite Orthopaedics: Financial Policy**

a consumer, have options in Yavapai and Coconino County healthcare communities. In order to help keep your cost down, we are making a concerted effort to run as financially efficient of an office as we possibly can. To do this, we
strictly abide by the following guidelines: <b>PLEASE INITIAL EACH SECTION</b> .
1. Payment is due at the time services are rendered. Our staff will provide you with accurate information as
available to us from your insurance company regarding your co-pay, deductibles and coinsurance amounts. Balances
that are residual after filing with your insurance company will be expected prior to your next scheduled office visit or
statement date whichever is sooner. We highly recommend that you read your insurance booklet or call your
insurance company requesting benefit description for a specialist office. This will provide you with some bas
information prior to your visit. If the patient is unable to pay at the time of service, the appointment may be
rescheduled, or the patient may opt to bring payment before the end of the business day. If this is not paid at that time
no other appointments will be scheduled until it has been paid in full.
2. FEES: Returned check fees - \$35.00
3. Should you default on your balance, Granite Orthopaedics has the right to discharge you as a patient, not accept new diagnosis, and/or refuse future appointments until balance is paid in full. It is the patient's responsibility to set up a payment plan with Granite Orthopaedics billing department if needed. If your account becomes delinquent, please be aware you will be responsible for any collection fees, legal expenses, and court costs necessary to recover the delinquent balance.
4. Private pay/ uninsured patients will be given a Good Faith Estimate (estimate of the total expected
costs of non-emergency healthcare items or services). A Good Faith Estimate intends to offer predictability &
transparency in how much clients will be charged for healthcare services prior to their appointment. These patients do
receive a discounted rate, calculated off of Medicare allowable for all procedure codes and evaluation codes.
Unfortunately, our contracts with insurance companies do not allow us to negotiate prices or provide an additional discount in any manner for those individuals with insurance.
5. You will be responsible for promptly responding to your insurance company to provide any additional
information they may request regarding your treatment, pre-existing conditions, accidents, or prior medical coverage
Failure to respond in a timely manner may result in your account becoming due and payable, in full, immediately.
6. SURGERY/ FRACTURE CARE – We understand that surgeries and fractures are usually not calculated
into the patient's regular budget; unfortunately, we are bound to our insurance contracts to collect co-pays,
deductibles, and coinsurances. This is expected prior to surgery and our surgery scheduler will contact you to give you
the estimated total. Again, this is only an estimate as to what your insurance will pay and what you will owe. Fracture
may be considered surgery by your insurance company. They are technically closed treatments of a broken bone

Patient Signature:	Date:	
Patient Name (Please Print):	DOB:	
12. DISCLOSURE OF OWNERSHIP: Your physicia to which you may be referred. If you would like to see a list of to interest, and to which you have been referred, please request this of network pertaining to your insurance. You have the right to the Therefore, you have the option to use another service provider physician should you choose or request another option. Please for questions or concerns regarding this notice. By initialing and signed and understand the foregoing notice.	he businesses in which your physician has financial s from our office. Some of these businesses may be out choose the provider of your health care services. or facility. You will not be treated differently by your eel free to ask your physician or staff if you have any	
11. I (the patient) authorize my insurance benefits to be responsible for any balance(s). I also authorize Granite Orthopae information required to process my claims.		
10. We can supply you with Durable Medical Equipment in our office should your injury require it. Some items are billed through an outside company. If any item is provided by our office, you will be asked for a DME Deposit. Durable Medical Equipment is most often applied to your deductible and coinsurance. This deposit will be applied to this amount, and you will be billed for any remainder. Insurances do not cover some small items and in that instance payment in full will be expected at the time you receive the item. It is necessary for us to have you sign a DME waiver in case your insurance denies coverage of the item.		
9. MINORS – Individuals under 18 will be rescheduled signed and payment for that date of service.	I should they not have a parent's permission from	
8. WORKERS' COMPENSATION – We will happil claim number and workers' compensation contact information pas to whether this is a work injury or not, please discuss it with y There is a \$50.00 transfer fee for each visit filed with insurance	prior to scheduling and appointment. If you are unsure your employer <i>prior</i> to scheduling an appointment.	
7. THIRD PARTY PAYORS/ LETTERS OF PROT party insurance or operate under letters of protection. If you sho classify this as self-pay and payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full is due at the time of self-payment in full in the time of self-payment in full in the time of self-payment in full in the time of	ould still desire care at our facilities, we are able to ervice.	
"cracks" are all classified as fractures and are coded the same by y		