



## Orthopedic and Sports Medicine Institute of Las Vegas

Randa Bascharon, D.O. Inc.

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### **Patient Payment Policy**

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Thank you for choosing our practice! We are committed to the success of your Medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist or our Practice Manager.

#### **How may I pay?**

We accept payment by cash, check, ATM with Visa or MasterCard logo, VISA, MasterCard, Discover, & American Express.

#### **Do I need a referral?**

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your primary care physician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

#### **Which Plans Do You Contract With?**

Your insurance policy is a contract between you and your insurance company. We accept assignment of Insurance benefits. However, it is your responsibility to call your insurance company prior to your first office visit to determine your benefits, your co-payment, deductible or if you require an authorization to see a specialist.

#### **What Is My Financial Responsibility For Services?**

Your financial responsibility depends on a variety of factors, explained on the financial policy overview; please ask front office staff for a copy.

#### **What If I require forms to be filled out by the physician (FMLA, disability, insurance company forms, and DMV forms) what is the process and is there a fee?**

We cannot fill in forms "on demand". All forms will be processed and completed in a 7 day period of time. The fee for each form is \$25.00

#### **What if I do not have insurance?**

Patients who do not have insurance are required to speak to management prior to receiving treatment and on a case by case basis will offer a payment structure

#### **Surgery**

If your physician recommends surgery, you will be escorted to his surgery coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

The surgery coordinator will request a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained by the surgery coordinator.

#### **What if my Child needs to see the Physician?**

A parent or legal guardian must accompany patients who are minors on each patient's visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility.

I agree to pay for all attorney's fees, court costs and filing fees, including charges that may be assessed by our collection agency to pursue collection of my account.

I authorize my insurance benefits be paid directly to **Randa Bascharon, D.O. Inc.**

I authorize **Randa Bascharon, D.O. Inc** to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date