

CHATTANOOGA BONE & JOINT SURGEONS , PC

Office Appointment Scheduling and Financial Policies Review

We are pleased that you have chosen CBJs for your orthopaedic needs. To ensure that we are clear about our expectations in regards to appointment scheduling and finances, it seems best for us to present them to you for your review. If you have any questions about any of these policies at any time, please ask to speak to an appropriate staff member.

Appointments

- We value your time and the time that we set aside for each patient. We would appreciate at least 24 hours notice if you cannot keep your appointment. We typically call and remind you of your appointment about 3 days prior. If possible, please respond to your call as requested. It is easy and can help us reschedule if necessary.
- We also understand that problems arise at times with both your and our appointment times. If you anticipate being more than 15 minutes late, we will do our best to accommodate you; however, in certain circumstances, it may be necessary to reschedule your appointment. We do often have emergencies but work diligently to minimize any wait time that you may have as well.
- Please confirm that our providers are covered by your insurance. We can assist you, but ultimately given the nature of healthcare today, contracts change regularly and it is ultimately your responsibility to confirm this. Also, if a referral is necessary, it is your responsibility to obtain this prior to arriving to be seen. We will assist you if this is not available when you arrive if possible, but often, your appointment must be rescheduled which is not good for anyone.
- For any tests, scans, treatments, procedures, or surgeries, please notify us immediately if there is any problem with your appointment so that we can work on rescheduling and use the time that you were given for another patient.

Insurance

- As a courtesy to you, we will file your insurance provided that we have an assignment of benefits statement signed.
- It is your responsibility to ensure that we have your most current information available. Please let us know immediately if there is any change in your coverage.
- If your insurance carrier denies your claim, or you have failed to provide us with accurate information and there is no current insurance coverage, you are fully financial responsible for your care that was rendered.
- Remember, your insurance carrier contracts with you to provide your healthcare benefits. It is ultimately your responsibility to know your benefits, company procedures and rules, copay amounts, deductibles and policy details.
- We strive to do everything possible to assist you with obtaining payment from your insurance carrier, but we want you to know that it is ultimately your responsibility to settle your balance for services rendered.

Financial Responsibilities

- Due to your insurance carrier contract, you are personally responsible for any and all co-payments, deductibles, and coinsurance.
- You are also responsible for any co-payments at the time of service.
- If you are uninsured (self-pay), we expect payment in full at the time your care is rendered. Understanding that this may be difficult, other arrangements can be made via the billing office.
- To ensure that we can contact you in an emergency and file insurance properly, you must provide us with your most current billing address, all reasonable telephone numbers (home, work, cell), e-mail address and other relevant information. It is your responsibility to notify us of any changes.
- We will send you a timely statement of current balances which can be settled in a number of ways.
- If you want to know how our claim was processed, please first review your explanation of benefits form (EOB) from your insurance carrier or contact your insurance. If there is a dispute about how your claim was processed, you will need to contact your insurance carrier. If there is a dispute with how our office filed your insurance for you, please contact us as soon as possible, but preferably within a month from when you receive your statement so that we can investigate and correct quickly.
- All balances are due within 30 days of the receipt of your first statement.

- If you have a hardship with paying your balance in full, you must contact our office within 30 days of your first statement to make payment arrangements.
- If you fail to fully pay your balance, or miss two consecutive scheduled payments as arranged, your account will be referred to a collection agency and you will be discharged from our practice. Once your balance has been fully satisfied, you may be able to return as a patient at our discretion without the option of payment arrangements.
- In the event of a returned check, you will be assessed a fee of \$30.00.

Patient Forms

Given that our visit charges cover only the medical care rendered, we unfortunately must charge a \$20.00 fee for the first page for each form and \$5.00 for each additional page that must be completed to cover the additional time and expense incurred to provide this important service. This includes disability forms, FMLA forms, and insurance company requests for information unrelated to your charges that are often brought in for completion.