



Financial Policy

Orthopedic Surgery Inc. DBA Agility Orthopedics
92 Montvale Ave, Suite 1400
Stoneham, MA 02180
Phone: 781-279-7040 Fax: 781-279-8430

At Agility Orthopedics we are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Our fees for services are based on the level of professional skill required; the severity and complexity of the injury or illness, as well as the time spent treating you. The patient or responsible party is responsible for seeing that the entire bill is paid in full. Your clear understanding of our Financial Policy is important to our professional relationship.

Insurance: For Patients who have provided the information necessary to bill their insurance company, Agility Orthopedics will bill the insurance carrier for the services provided. **Patients are responsible for co-pays, deductibles, coinsurance balances, and any services not covered by your insurance at the time of the clinical appointment.** There may be a balance after the insurance carrier has settled their part of the claim and the patient will be billed for this balance.

Co-payments: Your insurance contract REQUIRES that we collect your designated co-pay at the time of service. Please be prepared to pay your co-pay prior to each visit. We accept cash, check, and credit cards.

Deductibles and Co-Insurance: We will verify your insurance benefits and, at the time of your appointment, you will be expected to pay the estimated amount owed. Following your appointment, as a courtesy we will bill your insurance company, and any patient responsibility portions are to be paid upon first receipt of your patient statement.

Non-Covered Services: If your insurance plan determines that a service is not covered for any reason, you will be responsible for payment of the charges. **Durable Medical Equipment (DME):** Some DME items may not be covered by your insurance plan and you will be asked to pay in full at the time of service. All items are new when given.

Non-Participating Insurance Plans or "Out of Network": It is the responsibility of the patient to verify whether Agility Orthopedics contracts with your insurance plan. Any outstanding balances are the responsibility of the patient.

Referrals: If your insurance plan requires a referral from your primary care physician it is your responsibility to obtain this prior to your appointment and have it with you at the time of the appointment. If you do not have your referral you may be asked to reschedule your appointment.

Workers Compensation/Other Accident Cases: In order for us to file a claim with your Workers Compensation or other liability carrier you must provide complete billing information. Patients shall be financially responsible for medical services related to workers compensation/accident if insurance fails to pay in full.

Self-Pay/Uninsured: Payment in full is required for all self-pay/uninsured patients. A New Patient visit charge of \$200.00 and a Follow-Up visit charge of \$100.00 is required on the day of your appointment before being seen by the provider. **Any fees remaining will be collected following your appointment.**

Credit Card on File: In order for us to process the patient financial responsibility a credit card will be maintained on file. Only the last 4 digits of the protected information are maintained on file.

*Payment for services may be paid by cash, personal check, Visa, MasterCard, Discover, or American Express. Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being assessed **a \$25 fee** per check returned. Please sign that you have read and agree to this Financial Policy.*

Responsible Party Signature: _____ Date of Birth _____ Date _____

Patient Name (if different from Responsible Party): _____