

FRACTURE CARE COSTS

If you or your dependent have been treated for a fracture, your insurance company requires that we bill our services to you using a coding system known as CPT (Current Procedure Terminology). The codes used to describe the services we did for you are found in the "surgery" section of the CPT code book. This does not mean that you had an operation. This is merely the way the CPT code book is organized for ease of use by both insurance companies and physicians.

According to the CPT guidelines, fracture care is billed as a "packaged" service. This means that at the time of initial care, a bill is generated that includes:

1. Treatment of the fracture
2. The first cast or splint application
3. 90 days routine follow-up care

The procedures and other items NOT included in the package are listed below, and there will be a separate charge for these:

1. X-rays
2. All casting supplies (including those used with the first cast application)
3. Any replacement cast application
4. The evaluation and management of any additional problems or injuries
5. The treatment of complications

Your insurance company may cover the care rendered for fractures differently than for office visits. Therefore, when you receive the explanation of insurance benefits, the services may be paid as a surgical procedure, with deductible and co-insurance guidelines applied. We are using the most appropriate code available to describe the care rendered. As always, we encourage you to check with your insurance company and verify the benefits available. If you have any questions, please do not hesitate to contact us.

Thank you ...

... for choosing Tallahassee Orthopedic Clinic for your orthopedic needs. We know that the financial issues related to healthcare are complex and difficult to understand. We hope that this information helps explain some of these issues. Thank you for taking your financial responsibility seriously.

Please visit our website at www.tlhoc.com for copies of forms, insurance information and other useful information.

Tallahassee Orthopedic Clinic

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Tallahassee, FL 32308 Fax (844) 261-6839

Tallahassee Orthopedic Clinic

TMH – Professional Office Bldg.
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Tallahassee, FL 32308 Fax (844) 261-6839

Tallahassee Orthopedic Clinic @ Bainbridge

603 S. Wheat Avenue, Suite 800 (229) 246-3608
Bainbridge, GA 39819 Fax (844) 261-6838

Tallahassee Orthopedic Clinic @ Marianna

3051 6th Street (850) 526-3236
Marianna, FL 32446 Fax (844) 261-6844

Tallahassee Orthopedic Clinic @ Perry

333 N. Byron Butler Pkwy. (850) 584-0241
Perry, FL 32347 Fax (844) 262-4209



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FINANCIAL POLICIES

Thank you ...

... for choosing Tallahassee Orthopedic Clinic to meet your medical needs. We are committed to providing you with the best treatment available. This group's ability to continue to provide quality health care services and to respond to the changing medical care needs of the community is dependent upon receiving payment for the services it provides. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy and we require that you sign that you received it.

PATIENT RESPONSIBILITIES

When your appointment is scheduled, your insurance benefits are verified, resulting in a reasonable estimate of your financial responsibility. Our policy is to collect your known co-pay at check-in on the day of your visit. If you cannot pay your co-pay at check-in, you may be asked to reschedule your appointment. During your visit, you may incur additional charges that are your responsibility; these will be collected at time of check-out. This may include your unmet deductible and any prior balances.

If you have insurance, we are contractually obligated by your insurance company to collect co-payments, co-insurance, and deductibles. Your insurance company will send you an Explanation of Benefits showing your financial responsibility. Your insurance policy is a contract between you and your insurance company. We will bill your insurance plan if you provide us the correct information and sign an Assignment of Benefits form. You are ultimately responsible for payment of all services provided by our facility. If your insurance carrier has not paid within 60 days of TOC filing a claim, you will become responsible for the charges. Co-pays, co-insurance or deductibles will not be written off your account.

At times your insurance company may need additional information from you in order to process your claim. You should respond immediately to avoid the denial of your claim. If your claim is denied, it is your responsibility to resolve the issue. Denied and disputed claims will not suspend your requirements to pay for services rendered by TOC.

Please be aware that some, and perhaps all, of the services provided may be non-covered services and/or not considered medically necessary under your health insurance plan. You are financially responsible for these services.

In the event we are not participating with your insurance plan, you will be responsible for the entire portion not paid by your insurance carrier.



PAYMENT OPTIONS

We accept the following forms of payment:

- Cash
- Check
- FSA Cards
- HSA Cards
- Visa
- MasterCard
- Discover
- American Express

Pay Online

You may now pay your statement on our website. Visit our website at www.tlhoc.com.

Important Information

If you are uninsured, a deposit will be collected prior to your visit. At the end of your visit, any additional balance will be collected.

TOC reserves the right to use a third party to collect balances that are past due. Balances are due within 30 days of receiving a statement. If TOC receives returned mail, it will proceed immediately with collection efforts. Collection agency fees of 28% and/or customary legal fees will be added to your outstanding balance. Our Patient Accounts representative is available to discuss any questions you may have regarding your insurance or your account at TOC. Please call (850) 219-1897 or (850) 219-1920.

All new patients must complete our Patient Registration forms as well as sign that you have read and understand our Financial Policy and our Privacy Notice. Other forms may be required before services are rendered.

GENERAL PATIENT INFORMATION

- Please have your driver's license or other government-issued ID and insurance card at the time of your visit.
- At each visit we ask that you carefully review your information and notify us of any changes.
- Please schedule separate appointments for each injury, illness or body part.
- Please notify our office 24 hours prior to your appointment if you need to cancel or reschedule.
- TOC charges the maximum fee allowed by Florida Statutes for a returned check.
- TOC may charge a fee for medical record copies, digital x-rays, MRI scans and completed disability or FMLA forms.
- TOC processes patient refunds in a timely manner when all claims are finalized and there are no future appointments.
- TOC will not schedule a future appointment after two no shows without 24 hours notice.
- TOC does not accept referrals or letters of protection from attorneys. Therefore, TOC does not hold bills if you are involved in a case pending litigation. We will bill your carrier; however, if your carrier does not pay, you will be expected to pay in full.
- Information pertaining to Workers Compensation claims is your responsibility. You must provide TOC with the appropriate billing information and you are responsible for unauthorized visits.