



SARDELLI ORTHOPAEDICS FINANCIAL POLICY

PAYMENT RESPONSIBILITY: Sardelli Orthopaedics participates with multiple insurance plans. It is your responsibility to check with your insurance carrier to determine your deductible, co-pays and our participation status. It is your responsibility to ensure we participate with your health insurance company. You may be responsible for deductibles, co-pays, and any out-of-network costs.

FORMS OF PAYMENT: We accept Cash, Checks (payable to Sardelli Orthopaedics), and all major credit cards. A returned check fee of \$50.00 per check returned from your bank for non-payment or insufficient funds is applied to a patient's account.

NO SHOW FEE: A \$50.00 fee may be applied for any appointment not cancelled within 24 hours, resulting in a no-show appointment status. A No Show fee for a surgical procedure is \$150.00, which must be paid prior to rescheduling surgery. Failure to show to a surgical procedure may result in ineligibility for future appointments and surgery at Sardelli Orthopaedics.

COPAYMENTS: You are required to pay your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit. Without it, your appointment may be rescheduled.

REFERRALS: If your insurance plan requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to your appointment and to have it with you at the time of the appointment. If there is not a referral on file at the time of your appointment, you will be required to sign a referral waiver, making you responsible for any amount insurance does not cover, or your appointment will be rescheduled.

AUTO/WORKERS COMPENSATION CASES: Patients must notify Sardelli Orthopaedics of the date of injury, claim number, insurance company address, phone number, and adjuster's name prior to coming to the office. If you have written authorization from your auto/work comp carrier, we will submit bills accordingly. Patients are responsible for medical services related to auto/workers comp which are denied. If Auto/Workers Compensation is denied, and you have private health insurance, they may be billed. We will require your private insurance information. If neither Comp nor private insurance pays, you, the patient are responsible for payment.

ESTIMATED SURGICAL DEPOSITS: Should you decide or require surgery, you are responsible for all fees, including but not limited to co-pays, co-insurance, deductibles, or out-of-pocket expenses. Our practice requires a credit card on file prior to any surgical procedure. *Please note; our fees are separate from the hospital or ambulatory surgical care center and the anesthesiologist.* Additional questions should be directed to your insurance company. Refusal to pay these fees can result in rescheduling or cancellation of your surgery.

Out-of-Network/Self-Pay Patients: There is an upfront deposit required of \$250 for out-of-network and self-pay patients. Additional charges may apply. Examples of additional charges would be x-rays, injections, braces, casts, and splints.

I have read and understand the Financial Policies of Sardelli Orthopaedics and agree to comply with these policies. In addition, Sardelli Orthopaedics has my permission to provide medical documentation in order to obtain reimbursement.

Patient Name: _____

Patient Signature (or Guardian): _____ Date: _____

Relationship to Patient: _____