



Financial Policy

Thank you for choosing Cary Orthopaedics for your orthopaedic care needs. We are committed to providing you with the highest quality care in a transparent and cost-effective manner. We feel that a clear understanding of our financial policies will help foster this goal and maintain the quality of customer service we strive to provide our patients. Please do not hesitate to contact us if you have questions regarding our policies.

Insurance Card: As a courtesy to our patients, we will gladly file your insurance. In order to do this, we require a current copy of the patient's insurance card at each visit. We will scan your card(s) and photo ID for our files. If you do not have proof of insurance at the time of your visit and wish to be seen by one of our providers, you will be required to pay for any incurred expenses during that visit at the time you check out.

Co-Payments/Co-Insurance /Deductibles: Cary Orthopaedics requires our patients to leave a bank card or credit card on file for payment of all co-payments, co-insurance, deductibles and outstanding balances. **If you are having surgery or are scheduled for an in-office procedure, your insurance benefits will be verified prior to the procedure and an estimate of the cost will be provided to you. This estimate does not include charges for anesthesia, facility, facility related charges, DME or hardware, or rehabilitation services: you will be billed separately for these service by the facility or rendering provider.** We gladly accept **Visa, Mastercard, Discover and American Express**. If you choose not to leave your card on file, you will be required to pay for your visit in full at the time of service, when you check out. As an added convenience, Cary Orthopaedics does accept **Care Credit****, checks and cash as a form of payment.

Insurance Claims: Your insurance benefits are a contract between you and your insurance company, but we will be happy to file your insurance for you. In order to properly bill your insurance company for the services we provide, we require that you disclose all insurance information including primary, secondary, and tertiary insurances, as well as any recent changes in your insurance information or status. As noted above, if you do not have proof of active insurance at the time of your visit but wish to be seen by one of our providers, you may pay out of pocket for any expenses incurred on that visit. Payment is due at time of service. Although we will always provide a good faith estimate of the amount that your insurance may or may not cover, it is the insurance company that makes the final determination regarding your eligibility and benefits for service. We **do not** file third-party insurance, such as automobile or liability insurance.

Referrals/Authorizations: If your insurance company requires a referral and/or preauthorization for any services we provide, please inquire about how to obtain this approval from our business office staff or our billing department, and we will be happy to guide you. Lack of required authorization may result in a denial of payment by your insurance company, and the balance would become the patient's personal responsibility.

Self-Pay Accounts: Self-pay accounts are patients without insurance coverage, patients covered by an insurance plan Cary Orthopaedics does not participate with, or patients without an active insurance card on file with us. As noted above, Cary Orthopaedics requires our patients to leave a bank or credit card on file for payment of all balances. If you choose not to leave your card on file, you will be required to pay for your visit in full at the time of service, when you check out. As an added convenience, Cary Orthopaedics does accept **Care Credit***, checks and cash as a form of payment.

Missed or Cancelled Appointments: Cary Orthopaedics will add a \$50.00 charge for any no-show or cancelled appointment for office visits that are not cancelled within 24 hours of the appointment time. We will add a charge of \$75.00 for any no-show or cancellation of an in-office procedure without a 24-hour notice.



Divorced/Separated Parents of Minor Children: The responsibility for payment of services rendered to any dependent children whose parents are legally separated or divorced lies with the parent who physically brings the minor to the appointment. Payment is due at time of service.

Returned Checks: Cary Orthopaedics will charge a patient's account \$25.00 for any returned check by your bank. This will be payable by cash or money order only. This fee will be in addition to any previously accrued expense.

Collection Accounts: Cary Orthopaedics makes every attempt to avoid turning a patient's account over to an outside collection agency. In the event the account is sent to outside collections, the person who is financially responsible for the account will be responsible for all collection costs, including attorney fees and court cost. Patients accounts who have been sent to collections cannot schedule an appointment until the collection balance is paid in full.

Bankruptcy: Any patient whose account is written off due to bankruptcy will not be allowed to continue to receive services from a Cary Orthopaedics. Upon your written permission, we will be happy to provide you or those you designate a copy of your medical records.

Account Refunds: Cary Orthopaedics makes every attempt to provide a good faith estimate of the cost of services we provide. In the event that we over collect for these services, we are happy to provide a timely refund after all services have been properly adjudicated by your insurance company and the balance of the account has been paid in full. Cary Orthopaedics writes refunds checks once monthly as necessary.

Lost/Expired/Damaged Refund Checks: Cary Orthopaedics will charge a \$25.00 fee for all lost, expired, or damaged refund checks that have to be re-written. This fee will come out directly from the amount of the original refund check and will be re-written during the course of the monthly refund process. Cary Orthopaedics writes refunds checks once monthly as necessary.

I have read and understand the Cary Orthopaedics & Sports Medicine Specialist financial policy. I hereby authorize Cary Orthopaedics & Sports Medicine Specialists and its providers to bill my insurance as given. I understand that I am responsible for paying the deductible, co-insurance, copay and any non-covered services as determined by my insurance company and the above financial policy.

Signature of Patient or Guardian

Date

**CareCredit is the healthcare credit card designed exclusively for healthcare services with special financing options.* With CareCredit, you can use your card for all of your follow-up care as well as annual checkups. Convenient Monthly Payment Plans¹ from CareCredit allows you to pay over time, with no annual fees or pre-payment penalties.

[Learn more](http://www.carecredit.com) by visiting www.carecredit.com or contacting our office. Ready to apply? [Apply Online](#) for your CareCredit card today. **Subject to credit approval. Minimum monthly payments required. Ask us for details.*