

River Cities Bone and Joint Centre Office and Financial Policies

We would like to thank you for choosing River Cities Bone and Joint Centre as your medical provider. As one of our patients we would like to keep you informed on our current office and financial policies. We require that you read and sign the attached document prior to any treatment. Please keep this document for future reference.

Cancelled Appointments: If you are unable to keep your scheduled appointment, please call our office 24 hours before your appointment to reschedule. This will allow us time to provide that time slot for another patient.

Prescription Requests: Please Note that Prescriptions are not refilled after regular business hours, on weekends, or holidays. Prescriptions require 24-48 hour notice for all refills and prescription requests. Regular Business hours are 7am-3:30pm Monday – Friday.

No Insurance: Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to reschedule your appointment until further financial means are available.

Insurance: Please bring your insurance card with you at the time of your appointment. We require that all co-pays be paid in full prior to any services being rendered. The co-pay requirement will not be waived by our practice. If you do not have your co-pay at the time of your visit you will be asked to reschedule your appointment until payment is made. In addition you are responsible for any co-insurance, deductibles or non-covered services not paid by your insurance within the state's required time limitation for paying healthcare claims. You will receive a statement from our office indicating what your insurance has paid. Any balancing remaining is due upon receipt.

Auto Accident Injury: If your injury is due to an automobile accident, we request that you pay for your first office visit up front. If your injury requires surgery you must provide our office with any information that will assist us with getting your medical claims paid. This information may include a copy of the accident report listing the claim number and responsible party, medical coverage and/or attorney information. Any unpaid services are your responsibility.

Worker's Compensation: If your injury is due to an accident in your work place, please be sure to contact your employer and inform them of your injury. We will need to receive required information from your employer before we can process any of your medical claims. Please have your employer contact our office. Failure to properly report this injury to your employer will result in your claim being denied. Denied claims will become Patient responsibility and will be due in full.

Returned Checks: A \$30.00 charge will be added to your account for any checks returned by your bank for any reason.

Disability, Family, and Medical Leave Forms: There will be a charge of \$25.00 per document for the completion of all these forms. Payment is expected prior to form completion. After Payment is rendered River Cities Bone and Joint Centre will complete these forms within 14 business days of payment.

Medical Records: We will provide you with a copy of your medical records upon request. You will need to sign a letter of release at the time of pick up. Please allow 7-10 days for us to copy your records. If you wish for additional copies they will be charged a 35.00 flat fee payable in advance before request can be processed.

X-Rays: We will provide you with a copy of your X-Rays upon request. You will need to sign a letter of release at the time request. Please allow 48 hours from the time of your request. There is a \$3.50 charge per X-Ray, that is paid in full up front before your request can be processed.

If you have any questions or concerns, please contact our office at 606-324-0097.

Thank you for allowing our office to service you.

River Cities Bone and Joint Centre Office and Financial Policies Signature Acknowledgement

I acknowledge that by signing below I have received and read a copy of River Cities Bone and Joint Centre Office and Financial Policies

Signature: _____

Date: _____