

# River Cities Bone and Joint Centre Office and Financial Policies

## Acknowledgement of Office and Financial Policies

I acknowledge that by signing below I have received, read, and understand River Cities Bone and Joint Centre Office and Financial Policies.

Patient (Guardian) Signature: \_\_\_\_\_

Patient (Guardian) Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## River Cities Bone and Joint Centre Office and Financial Policies

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

**Cancelled Appointments:** If you are unable to keep your appointment please call our office at least 24 hours before your scheduled appointment time to cancel or re-schedule. This will allow us time to schedule patients who are currently waiting for an appointment. If you do not call 24 hours prior to your appointment, you may be subject to a \$50.00 no-show appointment fee. Any no-show fees must be paid prior to your next office visit.

**Prescription Requests:** Please note that prescriptions are not refilled after regular business hours, on weekends or holidays. Prescription refill requests require 24-48 hour notice for all refills and prescription requests. ALL prescription requests must be made via the prescription request line at extension **27**. We do not accept or take walk in requests for prescriptions. Regular business hours are 7:00am-3:30pm Monday-Thursday and 7:00am-12:00pm Friday. If you are picking up narcotic prescriptions we will require a valid ID, if someone is picking it up for you, they must be on your record as authorized by you in writing and will be required to present a valid ID. *Pain medication refills will only be available per the schedule provided at the time of surgery with no exceptions.*

**Uninsured Patients:** We offer a discounted rate to all self-pay patients. If you are a self-pay patient, we require you have available at least \$200.00 in order to schedule an appointment, payable at time of service. Your actual bill may be more or less than this amount, as charges vary based on treatment. You will receive an itemized statement of your charges at your appointment. Any remaining balance, should there be one, must be paid in full within 30 days or before any follow-up appointment, whichever is first.

**Insurance:** Patients are required to present a current Insurance ID card and photo ID at the time of appointment, and to notify the front office staff of any changes to coverage. All co-pays are required at check-in. If you are unable to pay the contracted co-pay amount, you may be asked to reschedule. This **arrangement is part of your contract with your insurance company.** Failure on our part to collect co-payments and deductibles from patients can be considered fraud. In addition, you may be responsible for any co-insurance, deductible amount, 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; this should match the Explanation of Benefits your carrier provides you. Any remaining balance is due upon receipt. Contact our billing department if you have any questions. **It is imperative that we bill the correct insurance company for your services; providing the incorrect information to us will delay correct filing of claims and may result in the services being the patient's financial responsibility.**

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**Auto Insurance:** We do not bill auto insurance. We collect \$200.00 up front at check-in and you will be considered as self-pay and any charges for the visit will be collected in full at check-out. If an attorney is involved we need his/her name on file, as well as a release to send medical records to them as requested. It is our policy to collect your private insurance information at the time of your first appointment, this will only be billed in the event you notify us that your PIP is exhausted, and we will submit a copy of the exhaustion letter to the Auto Insurance Company.

**Worker's Compensation:** If your injury is work related, please be sure to contact your employer and inform them of your injury. Before we can schedule your appointment we will need your BWC MCO to authorize your initial visit. We will also need your Claim Number, Date of Injury, any allowed diagnosis, and billing information. Failure to report your injury to your employer properly may result in the denial of your claim; **denied claims will become Patient Responsibility and will be due** in full at the time of denial. We will not see any new patients with a Worker's Compensation claim older than 6 months.

**Returned Checks:** A \$30.00 charge will be added to your account for any checks returned by your bank for any reason. All returned check fees, as well as any resulting outstanding balances must be paid in full prior to scheduling your next appointment.

**Disability, Work, Family, and Medical Leave Forms:** There will be a charge of \$25.00 per document for the completion of any of these forms. Payment is required when forms are presented, prior to their completion. Once received, RCBJ will have 14 business days to complete these forms. Please call the front office to arrange pick up of these records if you haven't been notified they are ready.

**Medical Records:** We will provide you with one free 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 business days for us to complete your request. If you require additional copies of your records, per KRS 422.317 you will be charged a fee of \$1.00 per page payable at the time of request.

**X-Rays:** We will provide you with a copy of your X-rays on a CD upon request. You will need to sign a letter of release, and pay the fee of \$10.00 when your request is submitted. Please allow two business days to complete this request

**Surgery Sign-Up:** Our billing department will authorize your benefits, and obtain any necessary prior authorizations from your insurance company; it is your responsibility to verify this information is correct to avoid patient financial responsibility. Our billing staff will provide you with an estimated patient responsibility which we will collect prior to your surgery time being assigned. All prior balances must also be paid in full before surgery is scheduled. We participate with Care Credit financing to ensure patients have flexible payment options available when needed.

If you have any questions or concerns, please contact our office at 606-324-0097.  
Thank you for the opportunity to serve you.

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