VOYTIK CENTER FOR ORTHOPEDIC CARE, PC
FINANCIAL POLICY and AUTHORIZATION FORM

Our objective is to provide you with the highest quality health care in the most cost-effective manner. The ability of Voytik Center for Orthopedic Care to achieve this depends greatly upon your understanding of our financial policy. If you have medical insurance, we will file insurance claim forms on your behalf. We do this as a courtesy to our patients and are anxious to help you receive the maximum allowable benefits from your insurer. Even though we will file insurance claims for you, we need your active participation in the insurance claims process.

Medicare Patients: As a participating provider of Medicare Part B (Physician Services), Voytik Center for Orthopedic Care will only bill you for your Medicare co-insurance, deductible and any services rendered, but not covered, by Medicare. All other services will be billed directly to Medicare. You will be responsible for your Medicare co-insurance and unmet annual deductible at the time of service if you do not carry secondary insurance or supplemental insurance.

Medicare and Medigap, Claim Authorization and Payment Request: I authorize any holder of medical or other information about me to be released to the social security administration and health care financing administration of its intermediaries of carrier any information needed for this or related Medicare claim(s). I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to Voytik Center for Orthopedic Care for whom accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Commercial Insurance Patients: Please remember that your insurance contract is between you and your insurer. If your insurance company pays only part of your bill or rejects your insurance claim, you are financially responsible for the balance and are to pay it upon receipt of your statement. You will be responsible for any visit co-payments, co-insurance, and unmet deductible at the time of service if you do not have secondary insurance.

Patients with No Insurance: Generally, patients with no insurance are required to pay for their visits in full at the time of service. If special financial arrangements are deemed necessary, you will be given information regarding whom to contact at the time of your visit. It is imperative you follow these instructions immediately to satisfy your financial responsibility with Voytik Center for Orthopedic Care.

TennCare / Medicaid Patients: With proper identification and verified eligibility in the TennnCare / Medicaid Program, we will bill Medicaid for covered services on your behalf. If you are responsible for any co-payments, they will be due upon check-in.

Surgical Estimates: Prior to any surgery, we will estimate your portion of the bill based on your insurance coverage and expected procedures to be performed. Your estimated portion of the bill must be paid at your pre-operative appointment just prior to your surgery. This will include any applicable co-insurance and unmet deductibles as verified with your insurance plan. Medicare patients who do not have secondary coverage will be responsible for their 20% co-insurance prior to surgery.

Auto Accidents and Other Third Party Liability Cases Involved in Litigation: We only accept auto accident cases when an attorney has signed appropriate documentation (Acceptance of Assignment Letter/Lien). Statements will be sent to you and you are ultimately responsible.

Billing Process: After receiving treatment, Voytik Center for Orthopedic Care will submit a claim to your insurance carrier(s). After all insurance plans have paid; we will send you a statement if there remains a balance due on your account. You are expected to remit the balance shown on your statement within 15 days. If your account balance is not paid, you will receive an additional statement and then a final letter requesting payment. If your account is not paid in full within 90 days of receiving your first statement, then your account may be referred to an attorney or collection agency. If your account is sent to an attorney or collection agency, it will be reported to the three major credit bureaus and collection fees will be added to the amount that you owe.

Precertification and Referrals: If your insurance company requires an office referral, you are responsible for obtaining referrals prior to your appointment. If your insurance company requires a pre certification, it is your responsibility to see that we notify your insurance prior to services. Any charges not covered as a result of non-certification or no referral will be your responsibility.

Authorization for Release of Information: I hereby authorize Voytik Center for Orthopedic Care to release any medical information to my referring physician, my insurance company with who I have medical benefits, for the purpose of filing my medical claim(s). I acknowledge that this authorization is valid until such time as it is revoked in writing. I further understand that I can withdraw this consent for release of information at any time except to the extent that action has been taken in reliance hereon.

Assignment of Benefits: I authorize my health insurance benefit plan to pay directly to Voytik Center for Orthopedic Care the surgical and/or medical benefits, if any, otherwise payable to me for their services but not to exceed the charge for those services. I understand that if my insurance company does not pay within 90 days, I am responsible for all charges.

Attorney Fees and Cost of Collection: In the event this account is turned over for collection, I agree to pay the cost of collections and reasonable attorney fees. I understand I may be contacted by my phone number listed in my patient information. I also understand that I may be called by a dialing service or prerecorded message. I consent to receive these calls to any cell phone number listed.

Credit balances due to patient: Our office will make every effort to reimburse you for any patient credit reflected on your account. If you have a credit lesser than $3.00, our office will attempt to contact you by phone to make you aware of the balance and give you the option to pick up a check; however, balances less than $3.00 will not be mailed, due to the cost of both office supplies and overhead. Any credit $3.00 or greater will be credited back to the patient in the form of a mailed check, unless the patient claims the credit in the office prior. In the case that the credit, in form of check, is returned to our office for an incorrect address, and we are not able to locate or contact the patient otherwise, the credit will be adjusted appropriately. There will be an indication placed on the account, however, showing the credit owed to the patient in the event that the patient returns to the office. The credit will be returned to the patient at this time. Please understand our efforts to best take care of our patients efficiently and effectively.

If you ever have a question about your bill, you may contact our office at (423) 479-3600, Monday through Thursday from 8:00am until 5:00pm, Friday from 8:00am until 12:00pm. We are closed from 12:00 until 1:00pm for lunch every day and closed Saturday and Sunday.

I agree to abide by the financial requirements that pertain to me as described above.

Patient Name	Date of Birth	Patient/Guarantor Signature	Date

Updated 12/9/15