



Financial Policy

We accept most insurance plans and will gladly file insurance claims on your behalf. Ultimately you hold the financial responsibility for your account. We ask that you remit copays, deductibles, and co-insurance according to the terms of your insurance contract at the time services are rendered.

If you have an outstanding balance due, we appreciate prompt payment in full. If you are unable to make payment in full, please inquire about arranging a payment plan. If multiple attempts to collect payment from you are unsuccessful, we reserve the right to turn the outstanding balance over to a collection agency. In addition to the principal balance due, you will also be responsible for any legal or collection agency fees incurred. Any payment made to us in the form of a check that is returned for insufficient funds will incur a \$50 fee per incidence.

Assignment of Benefits

I authorize direct payment from my insurance plan to OrthoVirginia. I understand that it is my responsibility to provide accurate insurance information and to secure all necessary prior approvals, authorizations, and referrals as required by my contract with my insurance company.

Third Party Payments

I understand that OrthoVirginia will not hold my account open during any period of litigation or negotiation that I may have with a third party such as an auto policy, and may pursue collection action against me during that period.

Medicare

I request payment of authorized Medicare benefits for all services provided by OrthoVirginia. I authorize any holder of medical or other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

Cancellation Policies

We reserve the right to charge a fee for a cancellation less than 24 hour notice or failure to keep an appointment.

Right to Choose Your Facility

OrthoVirginia is a physician owned practice. Our physicians also own outpatient surgery centers, MRI facilities, and physical therapy clinics associated with OrthoVirginia. Because our physicians own these services, they are best able to ensure that the highest level of care is provided to you. You have the right to request that services be provided at locations other than those owned by OrthoVirginia.

Patient or Patient Representative (Signature)

Date

Patient or Patient Representative Name (Printed)