



At Dominion Orthopaedic & Spine believe it is essential to our patients that we outline our expectations regarding the financial aspects of your visits with us. We have developed these policies based on industry standards and past experiences. These policies are presented for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements. We encourage you to contact our Practice Manager at 770-455-4009 if you have any questions.

Our practice participates with numerous insurance companies. For patients who are beneficiaries of one of these insurance companies, our billing office will submit a claim for services rendered. All necessary insurance information, including special forms, must be completed by the patient prior to leaving the office.

1. Verify demographic and billing information at every visit
2. Present Current Copy of Insurance Card
3. Present Current Picture ID
4. Payment of any Outstanding Balance
5. Payment of Today's Visit

Copays: Per our contract with your insurance company, copays are due and must be collected at the time of service. Failure on our part to collect may constitute a breach of contract with your insurance carrier. We may choose to reschedule an appointment in the event a co-payment cannot be made at the time of the visit.

Co-insurance and Deductibles: We will collect any coinsurance, which may be incurred as a separate amount due from your co-payment, and/or deductible due as identified by your insurance company at the time of service. Failure on our part to collect may constitute a breach of contract with your insurance carrier.

Insurance Billing: Dominion Orthopaedic & Spine will bill your insurance company for services provided. This includes an up-to-date copy of your insurance card and a verified patient information sheet. These documents must be updated on an annual basis and/or whenever there is a change. They will be verified at each visit. The patient is responsible for any co-payment, co-insurance, deductible, or non-covered services.

Uninsured (Self-Pay) Patients: Payment is expected at the time of service unless other financial agreements have been made prior to your visit. Please know that we do offer discounted fees for patients without health insurance. Call our office if you would like specific information.

Payment Plans: We will gladly accept a signed, legally binding payment plan for services. All balances must be resolved within 120 day(s) from entry of contract. If additional services are received and not paid for at the time of service, a new payment plan is required. Any changes to this payment plan must be done so in writing and signed/dated by an associate of Dominion Orthopaedic & Spine. Patients may elect to provide a credit card for services that can be run at an agreed upon date monthly.

Retroactive Denials: A retroactive denial is a reversal of a previously paid claim. That is, your insurance company denies a claim after paying for it and takes the money back from the provider. If a claim is retroactively denied, the enrollee then becomes responsible for the payment.

Examples that can result in retroactive denials, this list is not all inclusive:

- Another health insurance company made a payment, and we did not receive notice
- You received the payment directly, but did not remit the payment to our office
- You didn't pay your premiums on time and your coverage was terminated
- Your insurance paid for a service that you did not receive, was not medically necessary or was not covered by your benefits
- Coordination of benefits exists (your insurance carrier believes another payer should be responsible or the bill, i.e., auto, worker's compensation etc.)

No-Show Policy: We respectfully request that you notify us 24 hours ahead of time in the event you cannot make your scheduled appointment so that we have enough time to accommodate other patients. Failure to provide a 24-hour notice and/or failing to show up for appointments will result in the imposition of a missed appointment fee of \$60.00. Ancillary services that are not cancelled or rescheduled within 24 hours, will apply at a higher rate.

Medical Records: Dominion Orthopaedic & Spine charges a fee, payable in advance, if you would like a copy of your records printed/mailed to you or another physician. This fee policy is available upon request. As always, if a collaborating physician (primary care or specialist) requests portions of your record to assist in your care, there is no charge.

Billing/Payment: Dominion Orthopaedic & Spine will bill, on a monthly cycle, for charges that have been identified as your responsibility. We will not bill you for charges that are currently submitted to your insurance company or for any contractually agreed upon adjustments. Payment is required within 30 days of the billing date. All statements are due on receipt. If charges remain unpaid after 30 days, a second statement will be rendered with a notice requesting immediate payment. If charges remain unpaid after 60 days, a final statement will be rendered with a letter informing you that our relationship is subject to cancellation after 30 days of urgent and emergent care. All further services will be provided on a cash-only basis. Unpaid debts may be subject to further collection activities.

Returned Funds: Any funds returned (i.e., checks) will be charged a service fee of \$35.00.

Non-Covered Services: As the subscriber, you are responsible for knowing the terms and limitations of your specific plan. Dominion Orthopaedic & Spine is not responsible for charges incurred because of any service not being covered and/or paid for by your plan or can the staff of Dominion Orthopaedic & Spine be responsible for knowing the terms of your policy. You are responsible for any visit, treatment, and/or equipment charged for and not covered under your plan.

Collections: We understand that at times there are extenuating circumstances that may limit your ability to pay off any outstanding balance. In these types of situations, we may be able to arrange a payment plan. Failure to meet payment obligations outlined in said payment plan will make the agreement null and void and the practice will then reserve the right to make a "Demand For Payment" on the remaining balance. Balances greater than 90 days old and where a payment plan has not been established may be turned over to an outside collection agency. In the event this occurs, you may end up being discharged from the practice and responsible for any collection fees incurred by Dominion Orthopaedic & Spine.

Eligibility: You are responsible to ensure that one of the Dominion Orthopaedic & Spine physicians

are eligible to provide services that are reimbursable by your plan and are an authorized provider within your insurance plan. Your insurance is a contract between you, your employer (if applicable) and the insurance company. We are not a party to that contract. Not all services are a "covered benefit" in all contracts. Some insurance companies arbitrarily select certain services they will not cover. While we make the best effort to understand the benefits of your insurance plan, it is your responsibility to distinguish services that are covered from those that are not covered. You will be responsible for any charges denied by your insurance carrier.

Online Payments: Your payment and personal information submitted through our online payment portal is safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all your personal information, including credit card number, name, and address so that it cannot be read over the internet.

Refunds: If Dominion Orthopaedic & Spine owes you a refund due to an overpayment or credit balance, we will issue a refund after our billing team has verified it. Any account that has outstanding claims will not be eligible for a refund. Provided there are no other balances owed to Dominion Orthopaedic & Spine, we will credit your credit card or send you a check, depending on how you made your initial payment. For any questions concerning a refund due, please call our Billing Director at 770-455-4009.

Waiver of Patient Responsibility: It is the policy of the practice to treat all patients in an equitable way regarding account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as our contractual agreements with payers.

Methods of Payment: We accept cash, checks, Visa and Mastercard. We realize that temporary financial problems may affect payment to your account. If problems do arise, please contact our Billing Director at (770) 455-4009 for assistance.

Your signature on this policy is indicative that you have received this policy and are aware of practice expectations.

Signature

Date

Patient Name: _____
(Printed)

These policies are subject to change. A current copy of this policy will always be available to you either at the office, via email or by sending in a stamped self-addressed envelope.

PAYMENT PLAN AGREEMENT – DOMINION ORTHOPAEDIC & SPINE

Payment Agreement for Services Rendered

I, _____, agree to pay Dominion Orthopaedic Spine & Spine monthly for services
(Patient name)

rendered relating to my medical treatment. The total amount owed as of the date of signature of this document is:
\$ _____.

(Total amount owed as of the date)

At any time while not in default under this payment plan, the outstanding balance may be paid incrementally as agreed upon or in full, without penalty or interest. If, at any time, the patient defaults on this repayment agreement, the balance in its entirety will become immediately due and payable. Any modifications to this document must be done so in writing and must be signed by an associate of Dominion Orthopaedic & Spine for it to be valid. Signer may authorize Dominion Orthopaedic and Spine to withdraw monthly from the card listed below, on the agreed upon date, if they choose to do so. If the signer does not wish to provide this information, they are responsible for ensuring the payment is received monthly by the due date. This information will be kept securely on file with the office. This agreement will be construed in occurrence with and governed by the laws of the State of Georgia.

CREDIT CARD PAYMENT AUTHORIZATION

You authorize regularly scheduled charges to your Credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Account statement. You agree that no prior notification will be provided unless the date of amount changes (in writing), in which case you will receive notice from us.

I, _____ authorize Dominion Orthopaedic Clinic to charge my card on file below
(Patient name) for \$_____ (monthly amount) beginning on _____ (date) every month. I can discontinue this monthly payment in writing by sending this request to 6 Concourse Parkway, Atlanta, GA 30328.

Card number: _____ Expiration Date: _____

CVV: _____ Zip code: _____

IN WITNESS WHEREOF the parties have duly affixed their signatures on this ____ day of _____.

Patient Printed Name

Signature/Date Dominion Orthopaedic Associate

Patient Signature & Date