

Olsen Orthopedics

Financial Policy

Thank you for choosing "Olsen Orthopedics" as your healthcare provider. We are dedicated to providing the highest quality, most cost effective care specializing in shoulder, knee, sports injuries, and joint replacement.

In addition to accepting traditional insurance plans and Medicare we are contracted with numerous, Preferred Provider Organizations (PPO) and Health Maintenance Organizations (HMO). Because each plan is different and constantly updating provider participation status, please check with your particular plan to make sure we are currently participating in your network. We ask that you assist us in maximizing your insurance coverage by cooperating fully in all referral, prior-authorization and pre-certification process. Please be aware that all insurance carriers do not consider some services rendered a covered benefit. It is important that you are aware of your insurance policy provisions of coverage.

Accurate, up to date information is the patient's responsibility; please notify our office of any changes in your insurance or personal billing information. Please bring to each appointment your current insurance card, or any other information that is required by your insurance carrier. By maintaining updated information this ensures that your medical claims are filed correctly and prevents any delays in processing your claim.

Payment for all co-insurance, deductible, and non-covered services are due at the time of service unless special payment arrangements have been made. Payments can be made by cash, check, money order, Visa or MasterCard. We do have a payment plan for patients who have financial concerns. Please notify our billing office at 418-4506 payment arrangements. Please be aware that charges for physical therapy, durable medical equipment, laboratory testing, anesthesia, hospital, ambulatory surgery facilities and some radiology services may be billed separately.

There is a \$25.00 charge for any FMLA, disability or accidental form completed. This charge is applicable per form completed and is payable prior to completion. There is also a \$5.00 charge for any form to be faxed for you unless accompanied by a written request from an insurance company or an attorney.

Again, thank you for allowing Olsen Orthopedics to participate in your care.

Sincerely,
Dr. L. Todd Olsen and Staff

My signature below acknowledges receipt of this Financial Policy:

Signed: _____ Date: _____

Relationship if other than patient: _____