

How the Payment Process works at Regional Physicians Orthopedics

INSURANCE: The doctor’s service is provided directly to you and you are responsible for payment of services rendered. As a courtesy, we will submit your claim to the insurance company you have provided us.

Your co-pay amount is due at the time of service. Services not covered by insurance, including deductibles and co-insurance amounts, are also due at the time of service. Surgery deposits are required on all non-emergent procedures. Our deposits are based on estimates and patient responsibility may vary depending on the actual surgery/procedure and what your insurance pays.

If claims for services provided by Regional Physicians Orthopedics are denied by your insurance company, you are responsible for payment. Responsibility for payment begins on the date that services are provided.

Workers’ Compensation: If your claim has been accepted and services approved, your claim will be handled directly with your Workers’ Comp carrier and no charges will be incurred by you. Your recovery and return to work takes a partnership with you, your case manager and us. If your claim is denied, charges will be your responsibility.

Balance: If you have a balance remaining after your insurance carrier has paid, and for our patients without insurance, we offer the following options:

Payments are accepted by cash, check or most credit cards.

Short Term Payment Plans: may be available on balances and will not exceed three months.

Extended Payment Plans: may be available upon application acceptance through Care Credit.

Financial Constraints: Patients who have other financial considerations should speak with our financial counselor for assistance. Our goal is to ensure that everyone in need receive appropriate care. Please call 336-883-4296 if you have any questions.

Accounts with a remaining balance where no resolution has been made in a timely fashion may be turned over to a collection agency.

I understand that I am financially responsible for payment of medical charges incurred on by behalf as outlined above.

Signature

Date