



2300 E. 30th St., Bldg. D, Ste. 101 • Farmington, NM 87401 • Telephone: (505) 327-1400 • Fax: (505) 327-3474

Thank you for choosing Orthopedic Associates. We are dedicated to providing the best medical plus surgical care possible, and we feel that a full and complete exchange of information between us and the patient is an important factor contributing to that objective. Please remember, we are here to be of service to you. If you have any questions, please feel free to ask.

Payment Policy

Orthopedic Associates' payment policy is that payment is requested at the time of service. If you are unable to pay in full, a mutually agreeable payment plan will always be considered. Please note that for the convenience of our patients, we accept cash, check, MasterCard and/or VISA.

Insurance

Health insurance is designed to help the patient meet the cost of medical services, but the responsibility for payment is the patient's. At the time of services, we offer you 2 choices.

- A. You may pay for the services in full, then file your claim with your insurance company for reimbursement.
- OR
- B. You may fill out your insurance claim at time of service and Orthopedic Associates will file it for you. You then pay only your deductible and/or co-pay (as is required) at the time of service.

Insured patients will not be able to be seen if A or B is not met. Please feel free to ask for assistance in completing your forms.

Worker's Compensation

If your injury is covered under Worker's Compensation, please give the information to the person at the front desk so that we can verify eligibility and billing information. You will not be asked to pay at the time of service for verified Worker's Compensation Claims.

Medicare

We are participating physicians in the Medicare program and accept assignment on all Medicare claims. After the Medicare payment has been received, you will be responsible for the Medicare deductible and the 20% co-pay of the allowable amounts.

- If you have supplemental insurance, these forms must be filled out prior to seeing the doctor (turned in with the patient information sheet). If you need assistance in filling out any form, please ask for assistance.
- If you have other primary insurance that is to be billed before Medicare, you must complete and turn in the claim form prior to seeing the doctor (along with the patient information form). Any required co-pay will be due at time of service.

We provide the above listed information to establish and maintain optimal relations with our patients. It helps avoid misunderstanding and confusion regarding payment policies. Our staff is trained to consistently inform you of the financial payment policies of our office.

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Orthopedic Associates to furnish information to insurance carriers covering my illness and treatment. I authorize payment of medical benefits to Orthopedic Associates. Your signature below signifies your understanding and willingness to comply with our payment policies. Thank you for choosing Orthopedic Associates.

Signature: _____ **Date:** _____
(Patient, or if Under 18, Parent or Guardian)