



# PERFORMANCE ORTHOPEDICS

## Faster, Higher, Stronger

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Orthopedic Surgeon

### **FINANCIAL POLICY**

The staff at *Performance Orthopedics* appreciates the opportunity to provide you with outstanding orthopedic medical care. It is our obligation to provide the most responsive and high quality care in a cost-effective manner. To assure continued community service, our facility strives to provide any financial resources available. As a patient, or the responsible person for medical charges, we have provided the following information to help you understand our financial policies.

If you have any questions in regards to our policies or an account, please do not hesitate to contact our office, (410) 571-4338.

#### **Payment Options:**

Payments can be made using cash, check, money order, Visa, MasterCard, Discover and Care Credit.

#### **Payment**

Payment is due at the time services are rendered. Our staff will provide you with as accurate information as available to us from your insurance company regarding your co-pay, deductibles and co-insurance amounts. Balances that are residual after filing with your insurance company will be expected prior to your next scheduled office visit or statement date, whichever is first.

##### ***1. Insurance Coverage: In Network***

All co-pays and deductibles are due at the time of service, or your appointment may be rescheduled. If your insurance requires a referral, the patient is responsible for obtaining this documentation and bringing it with them to their appointment. We will bill all service(s) to the appropriate insurance carrier(s). Any co-insurance or unpaid balances are to be paid in full, unless prior arrangements have been made with the billing department.

##### ***2. Insurance Coverage: Out of Network***

A member of our billing department with contact your insurance carrier to determine your out of network coverage and benefits. You will be informed of this information as soon as it is available to our staff. You will be initially charged a \$100 consultation fee, and will be billed for any remaining balance if necessary. There will be a \$15.00 billing fee charged to any account outstanding for more than 30 days. We will bill all services to the appropriate insurance carrier(s). Any co-insurance, over usual and customary, or unpaid balances are to be paid in full unless prior arrangements have been made with the billing department.

##### ***3. Patient's without Medical Insurance***

Private pay/ uninsured patients do receive a discounted rate. Payment in full is expected at the time of service unless prior arrangements have been made with our billing department. Unfortunately, our contracts with insurance companies do not allow us to negotiate prices or provide additional discounts in any manner for those individuals with insurance.

##### ***4. Liability or Auto Accident Injuries***

We are happy to treat your work-related injury. Liability insurance information (ie: claim number and insurance carrier name and contact number) must be given upon scheduling your initial appointment. If an attorney is involved, you will be responsible for providing us with their name, address and phone number. We will also need written documentation from both you and your attorney stating we are allowed to share any necessary medical information. We will bill your liability insurance carrier as the primary payer.

##### ***5. Care Credit***

Due to various payment plans, offer patients to pay using Care Credit for balances over \$500. We are able to offer 6-month interest free financing and 24 and 36 month financing option at their rate of 14.9%. Paying by Care Credit may give you the flexibility to make minimum monthly payments and keeps your costs down at our office.

#### **General Information:**

There will be a \$50 returned check fee for any bounced checks.

If you would like a copy of our financial policy, we would be happy to provide you with one. By signing this document, I acknowledge and accept the terms of the financial policy.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_