

COMPANY BILLING POLICY

We are committed to providing you with the best possible orthotic and/or prosthetic medical service. If you have Medicare, Medicaid or other insurance, we are anxious to help you receive the maximum allowable benefit. In order to achieve this goal, we need your assistance and your understanding of our billing and payment policies.

1. Payment for service is due at the time service is rendered, unless payment arrangements have been approved in advance. We accept cash, checks and money orders. We do not accept credit cards. Returned checks and balances older than 30 days may be subject to additional collection and interest fees.
2. Orthotic & Prosthetic Center of St Petersburg, Inc. retains the right to accept insurance assignment in certain cases. Acceptance of insurance will be dependent upon a proof of eligibility card provided by the patient and verification of coverage with the insurance. In the case of private insurance, the patient may be responsible for the entire balance if the insurance denies payment.
3. We accept assignment on all Medicare claims. In the case of Medicare, the patient will be held responsible for amounts Medicare determines are the patient's responsibility which may include an annual deductible and/or a co-payment.
4. Orthotic & Prosthetic Center of St Petersburg, Inc. also retains the right to accept assignment on secondary or supplemental policies in certain cases. We will notify you in advance if we will accept assignment. However, if we agree to bill your secondary or supplemental policy, you will still be held financially responsible for charges that may be denied.
5. The patient has the right to inquire how Orthotic & Prosthetic Center of St Petersburg, Inc. obtained insurance authorizations or denials. Upon written request, copies of these documents can be made available.
6. The patient has the responsibility to notify Orthotic & Prosthetic Center of St Petersburg, Inc. of any changes in insurance coverage, employment, functional status or personal information such as address and telephone contact information.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please don't hesitate to ask us. Keep in mind that the benefits that are covered through your insurance company are negotiated as a contract between you (or your employer) and the insurance company. We will do what we can to assist you in obtaining the maximum allowable benefit to which you are entitled to, based on medical policy and medical necessity.

BILLING AGREEMENT

IT HAS BEEN AGREED THAT ORTHOTIC & PROSTHETIC CENTER, INC. WILL BILL MY INSURANCE CARRIER FOR PROSTHETIC/ORTHOTIC SERVICES PROVIDED.

I AGREE TO PAY WHATEVER BALANCE DUE IS APPLICABLE AND I AGREE TO PAY FOR SERVICES NOT COVERED BY MY INSURANCE.

PATIENT SIGNATURE _____ DATE _____