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OSSL
Orthopaedic Sports Specialists of Louisiana

NOTICE OF PATIENT FINANCIAL RESPONSIBILITY Updated October 1, 2011

Our office provides services in good faith that it will be appropriately compensated. It is your responsibility to understand your individual health policy. Our office will gladly file with your primary and secondary health insurance; but requires that patient financial responsibility is paid timely.

Patients are responsible for letting us know of any changes in insurance coverage or other pertinent demographic information. You must provide our office with your **current insurance card(s)** as well as a current state issued **photo ID or driver's license** with each and every visit.

Deductible, copayments & coinsurance are due at **time of service**.

Outstanding patient balances must be paid prior to new appointments being made. We reserve the right to charge a **late payment and/or partial payment penalty fee** on any unpaid or partial payments. Late/partial payment fees are not covered by insurance and are the sole responsibility of the patient/guarantor. *Subject to CMS rules & restrictions for Medicare patients.*

All outstanding patient balances, deductibles, coinsurance & estimated deposits must be paid in full at least **3 business days prior to elective surgery**. Otherwise, surgery is subject to cancellation.

We will coordinate with your employer for work related injuries. It is the patient's responsibility to let us know if a visit is work related and to provide necessary details.

We do not coordinate with third party liability (*example: MVA*). Unless we have a written agreement of subrogation from the health insurer, when a third party is involved, patients are considered self pay. It is your responsibility to inform us in writing if your visit is the result of a third party liability. If claims are erroneously filed to your health insurance or payment retroactively reversed, then the liability becomes that of the patient/guarantor. If your insurance company requests information directly from the patient (*example: accident detail information*) and the information is not submitted in a timely manner, then the claim will become the full responsibility of the patient/guarantor.

Interest, penalty, & collection costs including but not limited to attorney's fees incurred in order to obtain patient payment are the responsibility of the patient/guarantor.

Patients are expected to honor their scheduled appointment times. Missed appointments or appointments not rescheduled or cancelled 24 business hours in advance are subject to a **Missed Appointment Fee**. Missed appointment fees are not covered by insurance and are the full responsibility of the patient/guarantor. Multiple missed appointments may result in dismissal as a patient. *Subject to CMS rules & restrictions for Medicare patients.*

Patient Name

Patient/Guarantor Signature

Date