

**Southern Orthopaedic Specialists, LLC Financial/Credit Policy**  
Effective September 2008

Patient name: \_\_\_\_\_ Account# \_\_\_\_\_

**Southern Orthopaedic Specialists, LLC (SOS), believes that in the interest of good health care practices, it is best to establish a patient account policy between our patients and ourselves in order to avoid any misunderstandings. Our Account Representatives will be glad to discuss your account with you at any time. Our primary responsibility is to deliver quality health care services. We wish to spend our time and energy toward that responsibility. We expect you to show us the same consideration as you do your other creditors, and to be honest and forthright regarding your financial responsibility.**

**(PLEASE INITIAL THE FOLLOWING)**

\_\_\_\_\_ 1.) We expect that all co-pays, co-insurance and deductibles be paid in full at each visit and prior to surgery and diagnostic testing. We accept cash, check, Debit/Check Card, MasterCard, VISA, American Express and Discover. Any unpaid balance at time of service will be forwarded to an outside company for collection. You may qualify for financing through Care Credit, ask our Account Representative for details.

\_\_\_\_\_ 2.) We currently use an outside company to assist us in collecting balances due by our patients that are over 90 days old. It is important that you keep up with your statements and account balances and discuss any problems you may have satisfying your account with our Account Representative. You could be held responsible for expenses incurred in the collection of any past due balances.

\_\_\_\_\_ 3.) We file claims to your insurance company for your primary and secondary policies. Please remember insurance coverage is a contract between the patient and the insurance company. When SOS files for benefits for services performed, benefits are assigned to SOS. SOS will look to the patient for payment in full if insurance does not cover the services provided.

\_\_\_\_\_ 4.) We do not file any insurance with your Automobile Insurance Company, or any other third party, (insurance company, employer, attorney, separated spouses, etc.) for purposes of obtaining payment. We will make every effort to provide you with proper documentation for you to receive reimbursement from those parties such as a claim form, a statement, or a report. We do not accept Letters of Guarantee or other promises to pay when cases settle with the exception of approved attorney(s) for spine care. Unless previously agreed in writing, you will not be extended credit and any agreed extension will only be made in advance and only within our standard guidelines for credit.

\_\_\_\_\_ 5.) In the case of a minor, (under the age of 18) it is the responsibility of the accompanying parent or legal guardian to see that payments are made at the time of the visit.

\_\_\_\_\_ 6.) A service charge of \$33.00 will be applied to returned checks. You will be asked to bring cash, money order or cashiers check to our office to cover the amount of the check plus the service charge. If you present two (2) checks that are returned to us, we will require cash for future services.

\_\_\_\_\_ 7.) Agency sponsorship by Vocational Rehabilitation, Crippled Children, or other governmental agencies are handled on a special basis and agencies and patients must make this fact known on each visit.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Providing Excellence In Musculoskeletal Care

