Financial Policy

Thank you for choosing The San Antonio Orthopaedic Group, LLP (**TSAOG**) as your orthopedic specialty healthcare provider. We are committed to providing you and your family with the best available medical care. In our ongoing process to make sure that all your medical needs are met, our billing department and financial counselors are available to discuss our fees and this policy with you. We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the physician.

In order to serve you better, we accept cash, check, Visa, MasterCard, Discover, and American Express. We can also provide you with the resources to obtain a line of credit to be used for your services at TSAOG. Ask to speak to a financial counselor regarding this option. As a courtesy to you, it is the policy of TSAOG to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand: **(PLEASE INITIAL THE FOLLOWING)**

____In-Network Services: While TSAOG is in network with most insurances, there are some plans in which the Group is considered out of network. It is not possible for the Group to verify all benefit plans for network participation. Initialing this statement makes you aware that it is ultimately your responsibility to understand and adhere to your contract with your insurance carrier's guidelines. This includes but is not limited to knowing and understanding your benefits, network of physicians, referral/authorization guidelines, and the limitations of coverage.

____ I understand that it is my responsibility to confirm coverage and benefits for the services rendered by the TSAOG and I agree that it is my responsibility to notify TSAOG of any change in coverage prior to services being rendered.

____Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. Therefore, all charges are your responsibility, whether your insurance company pays or not pay. TSAOG will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual customary" charges. As your medical provider, we will only supply factual information to facilitate claim processing.

____ Fees for services, which include co-payments, deductibles, and unpaid balances, are due at the time of service. Returned checks and unpaid balances may be subject to collection placement and collection fees. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, after such default and upon referral to a collection agency or attorney by TSAOG, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

____The above does not apply for those patients that are considered Workers' Compensation. However, be advised that as a compensation patient you may be held responsible for charges in the event that your claim is overturned.

At The San Antonio Orthopaedic Group, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call (210) 396-5369.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.

NAME OF PATIENT: _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: _____

DATE: _____