



Victor Van Phan, D.O., P.A.
Premier Orthopaedics and Sports Medicine

FINANCIAL POLICY

At **Premier Orthopaedics and Sports Medicine (POSM)**, we are committed to providing quality medical care by “Setting a Higher Standard”. As we proceed forward with our professional relationship, it is necessary for you to be fully informed about our financial policy. We are available to discuss the financial policy, fees, and your responsibility, as a patient, should you have any questions or concerns. Any changes in **INSURANCE COVERAGE, ADDRESS, AND TELEPHONE OR OTHER DEMOGRAPHICS MUST BE GIVEN TO THE RECEPTIONIST WHEN YOU SIGN IN FOR YOUR APPOINTMENT.** To assist us in establishing your account, please understand the following:

- Your actual insurance card must be presented so we can make a copy for your patient file.
- You will be asked to sign a ***Notice of Privacy Practices Acknowledgement*** for authorization for the release of information necessary for filing your insurance claim(s), faxing orders, releasing medical information to other physicians involved in your care and/or for insurance pre-certifications.
- Payment of all Co-Pays designated by your insurance company **MUST** be paid **AT THE TIME OF SERVICE.**

SELF PAY PATIENTS: Self Pay patients are required to pay \$500 at the time of their appointment. Any additional services provided such as “in-office” procedures, x-rays, and durable medical equipment will be charged at the time of service and payment will be required at that time.

INSURANCE: Insurance is a contract between you and your insurance company. We will not become involved in any disputes you may have with your insurance company other than to provide necessary information to process your claim. **You are fully responsible for knowing and understanding the limits of your policy.**

FLEX PLAN: Premier Orthopaedics will file the claim through the patients insurance. If any amount of the claim is not covered the patient will be 100 % responsible for the amount owed.

PAYMENT PLAN: You are responsible for timely payment of your account. Payment plans are available and must be made in advance by calling our office and speaking with the office administrator or by contacting our Billing Department at 512-919-4182.

WE ACCEPT CHECKS, CASH, AND CREDIT CARDS (VISA, MASTERCARD, AND DISCOVER)

We are currently participating providers with **Medicare and Medicare Supplements.** We do not accept any Medicare Replacement Products.

We are contracted Providers in **Managed Health Care Plans** such as a few selected HMOs, PPOs, and EPOs. You are obligated by your insurance company to pay the Co-Pay at the time of your visit. **It is your responsibility to make sure that Victor Van Phan, D.O. is currently enrolled with your plan.** All necessary referrals must be obtained PRIOR to each visit. If your referral has not been completed PRIOR to your appointment time, it may result in a delay of your care and a rescheduling of your appointment. Failure to obtain the necessary referral can result in a denial of coverage for your visit.



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We do not participate in the MEDICAID Plan

Worker's Compensation patients must provide our office with information regarding the name of their adjuster and a claim number. No appointments will be made unless all necessary information is provided.

Other Important Policies Regarding Your Care

PRESCRIPTION REFILLS: Medications are refilled only at the time of your visit or when requested in advance. The most efficient way to request a refill is through your pharmacy. We cannot take weekend, walk-in, or after hours refill requests. It is your responsibility to know when your medications must be refilled at least a week in advance.

EMERGENCIES: We will make every effort to receive your calls and respond promptly in an emergency. If it is a life threatening emergency, you will call 911, receive paramedic intervention, and seek the nearest emergency room.

APPOINTMENTS: When scheduling appointments, our office will take into consideration your time preference and will try to accommodate any scheduling requests. Minors must be accompanied by a parent or legal guardian unless other arrangements have been made PRIOR to the appointment. POSM requires a minimum of 24 hours notice of cancellation as a courtesy to other patients seeking available appointment times. Monday appointments require a notice to be given the Friday before the appointment. We reserve the right to charge a fee, not to exceed **\$50**, for non-cancelled and missed appointments. A pattern of non-cancelled or missed appointments may result in discharge from the practice.

FORMS FEES: POSM charges for additional paperwork outside the completion of the medical record. The following fees apply and are subject to change without notice.

- Medical Records \$50
- Billing Records \$50
- Disability/FMLA Forms \$35
- Disability Placards \$25
- CDs of Images \$10 per disc

MEDICAL RECORDS: Medical records are property of POSM. You may obtain a copy of your medical record at any time with a signed request. POSM charges a \$50 fee for this service. All requests require a 15 day turn around period for completion. A fee is not assessed for Medical records forwarded by POSM to another physician involved in your care.

STATEMENT POLICY: POSM sends patient statements monthly. Payment is due upon receipt of the statement. Please understand there may be a delay in the receipt of your statement as we work with your



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insurance company on your claim. Such a delay may take months. A delay does not alter our policy of patient financial responsibility and you will be liable for all service fees.

COLLECTION FEES, BANK FEES, AND CREDIT REPORTING: Accounts more than 90 days old are subject to a \$25 collection fee and reporting to the credit bureau. In addition, charges incurred to POSM by your bank for Returned Checks will be charged to your account with a minimum fee of \$25.

PATIENT DISCHARGE: POSM reserves the right to discharge a patient for any reason. Reasons for discharge include but are not limited to:

- Failure to meet your financial responsibility
- Failure to comply with Treatment
- Inappropriate actions or comments directed towards our Physician or Staff
- Excessive cancelled or missed appointments
- Failure to meet obligations under this document

INSURANCE CLAIMS: If applicable, our office will submit insurance claims. You agree to allow our practice to “accept assignment” of benefits and receive payment directly from your insurance company. In the event your insurer sends payment for a claim from our office to you directly, you agree to endorse the payment to POSM in fulfillment of any amounts due within 10 days of postmark.

MOTOR VEHICLE ACCIDENTS/PERSONAL INJURY CLAIMS: POSM will not accept Letters of Protection (LOP). Patients seeking treatment for these injuries will only be seen if using their personal health insurance or are private pay. Patients will be responsible for payments of services provided. Non-payment will result in reporting to the credit bureau.

I have read and understand all three pages of the above terms and conditions of the financial policy as well as the additional policies and by my signature below, I attest that I fully understand each item and agree to the terms noted.

Patient Signature

DOB

Printed Name

Today's Date