

Billing Policies

As a courtesy to our patients, we submit claims to all insurance companies provided we have accurate and complete information from you. To ensure your claim is submitted in a timely fashion, please make sure the following insurance information has been included in your registration process:

- Patient Name and Address
- Copy of Insurance Card
- Effective dates of insurance
- Complete name, address and phone number of insurance company
- Secondary Insurance (if applicable)
- Name and address of policy holder
- Patient relationship to policy holder

It is our commitment to assist you in getting your claim processed it is still your responsibility to ensure that all services rendered by Capital Area Orthopedic Associates, on your behalf are paid in full. It is also your responsibility to notify us of any changes to the above information.

Billing statements are mailed once a month unless there is insurance pending and in that case, you will not receive a statement until we have been reimbursed by your insurance company.

We recognize that health care costs can, at times, create a financial hardship, therefore, we are willing to visit with you to setup a payment plan to ease the financial burden of satisfying an account balance. Please contact our office so that we can assist you.

Accepted Forms of Payment

We accept most major credit cards or cash.

We do not accept checks in the office, you may mail a check for payment with your patient statement.

There will be a \$25 charge for all returned checks.

Surgery

For planned surgery, we will contact your insurance company to verify your benefits and any co-insurance amounts you will owe. A pre-surgical deposit may be required based on these benefits or the patient's insurance status.

Durable Medical Equipment (DME)

Certain insurance companies may not reimburse you for soft goods or DME items such as braces, splints, crutches and boots. The extent of your benefits is determined by your policy. We will require a deposit for all DME received from our office prior to the end of your visit. We will bill your insurance company for the DME. If it is not fully covered, you will be billed for the balance. If it is covered, your deposit will be used to pay any balance on your account. If your account is paid in full your deposit will be refunded.

Once you leave the office with the DME, it may not be returned.



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Collections

An account balance outstanding for more than 30 days is considered delinquent. If unresolved after 60 days, delinquent balances will incur a \$25 collection fee and may be turned over to our account resolution specialist for collection. Remember that the patient is responsible for any deductible and co-insurance balance.

Returns/Refunds Policy

Patients may contact the billing office by calling 1-800-835-1945 for all refunds. Please note that CAO A offers DME as a convenience to its patients and that federal OSHA regulations prohibit the return and re-sale of DME, all DME sales are final.

No Show

If you are unable to make your scheduled appointment you must notify our office 24 hours in advance of your appointment. Otherwise you will be billed a \$25 no show fee.

Medical Records/ Forms

There is a \$25 charge for you or your attorney to obtain a copy of your medical records.

There is a \$15 charge for you or your attorney to retain a copy of your itemized bill.

There is a \$10 charge to fill out any insurance or work forms.