



Financial Policy

Thank you for choosing Impact Orthopaedics and Impact Physical Therapy. We are committed to providing successful treatment for you and your family members, and to making the financial aspects of your healthcare as convenient as possible. Therefore as a courtesy to you, we will file most insurance claims.

All patients who have an insurance policy that requires a referral from their primary care physician are responsible for obtaining the referral prior to their appointment.

We will need current insurance information, as well as a form of photo identification in order to process your claim. Without current insurance information, you will be responsible for payment in full at the time of service. If your plan requires an annual deductible, you will be responsible for any remaining amount at the time of service.

We file our claims electronically on the second business day after services are rendered. Some of the medical services that we provide may be non-covered or not considered medically necessary under Medicare and/or other medical insurance programs. You are financially responsible for these services. If we are a participating provider with your insurance plan, all co-payments are due at the time of service. We will accept assignment on your claim if we are contracted with your insurance company. If we are not a participating provider with your insurance plan, you are responsible for paying the out-of-network rates at the time of service. Ultimately, it is your responsibility to know the details of your insurance policy.

If you have been involved in an automobile accident or have any pending legal action, we ask that you pay for services personally or through your health insurance. **We do not file third party insurance, and we do not wait until settlement for payment.**

Self Pay patients must pay balance at check out. A 25% discount will be applied to the total balance for physician services, **including but not limited to**, office visits, x-rays, minor office procedures, fracture care services and surgical services. **Self Pay Physical Therapy** patients will receive a special rate of \$75.00 per visit; this rate applies to services received in our physical therapy department only. All discounts and special rates are applicable if payment is received at the time of service.

Patients receiving surgical services and/or PRP services will be required to pay a deposit prior to the services being performed and sign a waiver for care when applicable. This amount is based on your insurance & benefits

A \$30 service charge will be applied to your account for all returned checks. If we receive a returned check from you, we ask that you pay in cash, money order, MasterCard, or Visa.

If the patient is a minor, an adult parent or guardian accompanying the minor is responsible for the payment of the patient's account regardless of who holds the insurance policy. Unaccompanied minors can be denied non-emergent treatment until a parent or guardian is present or until such time as we receive written permission for the treatment and payment of the account.

If you need to make special payment arrangements, please let us know prior to your examination. We will accommodate your needs to the best of our ability.

There will be a charge for medical records request & for disability forms filled out by the provider.

I UNDERSTAND AND AGREE TO THESE POLICIES.

Signature of patient (or parent/guardian) _____ Date: _____

Print Patient's Name / DOB: _____