



## **FINANCIAL POLICY**

Thank you for choosing Advanced Orthopedics & Sports Medicine d/b/a Sano Orthopedics. We know you have many choices when it comes to your health, and we appreciate the opportunity to care for you.

If you have any billing related questions, please contact our Billing Department at 816-525-2840, option 3.

### **PAYMENT AT TIME OF SERVICE**

Payment is required at the time services are rendered unless other arrangements have been made in advance by you and/or your insurance carrier. You are responsible for checking your insurance benefits as it applies to care with Sano Orthopedics. We accept cash, personal checks, VISA, MasterCard, Discover, American Express, Health Savings Accounts and Flexible Spending Accounts. We reserve the right to reschedule if you are not prepared to pay your co-pay or unpaid balance. There is a \$35 charge for all checks returned or credit cards denied by your financial institution for non-payment / insufficient funds.

### **INSURANCE**

If you have insurance that will cover your visit, we will bill your insurance company. All co-pays are expected at time of service. You are responsible for any remaining portion of the costs your insurance does not cover. We will submit claims for you if we receive copies of all current insurance cards and proper submission of patient intake forms. If your injury is a work-related injury, the initial visit must include the case manager so all pertinent information and approvals are obtained prior to seeing the Provider. **If your injury is from motor vehicle accident (MVA) or personal injury, we will not bill third party insurances such as auto.** For Kansas residents involved in a MVA, patients will have to pay in full for their services and the auto insurance will reimburse the insured. Missouri residents will provide their current health insurance information for us to bill and the health insurance company will work with the auto insurance company.

### **SELF-PAY**

Our office does provide self-pay reduced cash rates to patients due at the time of service. Please ask our team for self-pay prices.

### **REFUNDS**

Refunds will be issued to accounts with credit, if no account charge is pending. Refunds will not be issued to accounts with an outstanding patient balance. Over payment will be applied to outstanding patient balances.

## **MINORS**

We do not treat minors without the presence of a parent or guardian. If the patient is a minor, the parent or guardian will be responsible for payments.

## **FMLA, SHORT-TERM DISABILITY, MEDICAL RECORDS FEES**

FMLA / short-term disability paperwork and requests for medical records must be made in writing.

The FMLA and short-term disability fees are \$25 and due when submitted. For surgical patients, the form can be submitted before surgery but will not be filled out until after surgery. Once payment is received and the form is completed, your Provider will complete the paperwork 7 – 10 business days. For medical records, we charge the Missouri and Kansas annual rates. Medical and billing records will be distributed when the invoice is paid in full and available within thirty (30) days of the payment.

## **MISSED APPOINTMENTS**

Missing or arriving late for appointments without advance notice can cause delays for other patients. As a courtesy we ask you to contact the practice 24 hours in advance if you will not be able to keep your scheduled appointment date and time. If you find that you must be late, please contact us as soon as possible so that we can determine if we need to reschedule your appointment. Missed appointments in our orthopedic clinic may be charged a \$50 “no show” fee. This fee will be posted to your account. Extensive or excessive tardiness may result in discharge from the practice. Please review our No Show and Late Policy for more information.

## **REFERRALS**

We may refer patients to outside facilities for tests, surgery and second opinions. Patients are responsible for obtaining re-certifications from your insurance company for any outside referral. We are happy to assist you in receiving an authorization, but this is the patient’s responsibility.

## **COLLECTIONS**

We will refer unpaid accounts to a third-party collection agency where they will incur an additional collection fee. Accounts not paid within 90 days are subject to referral to collections.

## **BILLING QUESTIONS & CONCERNS**

Patients who are unable to pay their balances in full at the time of service will be asked to set up a payment plan for their balance. If you have any questions or concerns about payment plans or regarding your account, please contact our billing department at 816-525-2840. We understand that unexpected financial difficulty may arise. Therefore, we encourage you to contact us as soon as possible to discuss payment options for your account.