

ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS

Financial Policy

We at **OISI** are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you read and agree to sign prior to any treatment.

CONTRACTED INSURANCES: Medicare, Railroad Medicare, Illinois Medicaid, Health Alliance HMO, Health Alliance PPO, Healthlink HMO (Tier I) & Healthlink PPO (Tier II), Aetna, Wexford, Corvel, Group Health Plan, BC/BS of IL PPO Only, Federal BC/BS Plan, UMWA H&R Funds, Harmony Health, SIU Student Health Insurance, Sagamore (St. Mary's), CIGNA and United Healthcare. We will submit your claim to your insurance; however, you are responsible for paying your deductible, co-pay and/or any services that are not covered by your plan. You are also responsible for knowing the guidelines for your insurance.

PRIVATE INSURANCE: We will submit your claim to your insurance as a courtesy to you. You are responsible for paying all balances not paid by your insurance. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company has not paid your account within 90 days, you are ultimately responsible for your balance.

NO INSURANCE: Full payment is due at the time of service unless you have made prior arrangements with a member of our Billing Department by calling (618) 997.6800. We will gladly accept payment by Cash, Checks, Post Dated Checks, Mastercard, Visa or Discover.

WORK RELATED INJURIES: Charges will be submitted for you IF all information has been fully furnished and signed by your employer. You will be required to provide us with the name and address of your compensation carrier and your claim number. IF all the information is not furnished and signed by your employer, we will assume and expect that you are responsible for payment.

AUTHORIZATION: "I authorize Drs. B. Miller, R. Morgan, R. Golz, J.M. Davis, J. Wood, D. Wood, R. Barr, S. Young, T. Brown, J.T. Davis, K. Koth, and/or J. Jones to release records pertaining to my health to Insurance Companies, Referring Physicians, my Attorney and/or my other responsible party. I authorize release of my x-rays to above said persons. I request payment under the medical insurance program to be made directly to appropriate above said Physicians. Should my account become delinquent and referred to collection, I shall pay all reasonable collection expenses, court costs and attorney fees.

SOUTHERN ILLINOIS ORTHOPEDIC CENTER: The physicians of Orthopaedic Institute of Southern Illinois have ownership in Southern Illinois Orthopedic Center. Your physician may use the services of Southern Illinois Orthopedic Center should you need an outpatient surgery. You will also be notified of the physician's ownership upon your pre-operative visit at SIOC. If you receive any type of service from Southern Illinois Orthopedic Center, you will receive a separate bill from Southern Illinois Orthopedic Center.

BRIGHAM ANESTHESIA: Southern Illinois Orthopedic Center utilizes Brigham Anesthesia to provide MD anesthesia services. If you receive any surgical service from Southern Illinois Orthopedic Center, you will receive a separate bill from Brigham Anesthesia.

"I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO THE CONTENTS."

Patient Signature: _____ **Date:** _____

Signature of other
Responsible Party: _____ **Date:** _____

Relationship to patient: _____