

# The Orthopaedic Institute of Western Kentucky

## Billing Information, Financial Policy, Information Release

### Billing Information

An insurance claim for fracture care will typically appear as follows, as it is considered **Surgery**:

1. **Exam** at the documented level for diagnosis/decisions about the best treatment options
2. An **x-ray** is often used to diagnose the fracture and/or a post fracture treatment x-ray to ensure proper alignment.
3. A Fracture Code will be assigned based on the site, type of fracture, and whether the treatment is *closed* or *open*. Open treatment is most often performed in an operating room at a surgery center or hospital. Closed treatment is often done at the emergency room or in the office. **However, all fracture treatment is considered "Major Surgery" and will oftentimes be reported as surgery on your insurance company Explanation of Benefits (EOB).**
4. The **Cast Application** for the initial work of applying the cast is included in the above Fracture Code at no charge. Subsequent applications are separately reported and billable.
5. **Cast Supplies** are reported separately and billable.
6. **Subsequent Fracture Care:** Most "routine" fractures will require several post operative visits which are included at no charge in the fracture/surgical fee if related to the same diagnosis for 90 days. Subsequent xrays, cast applications and supplies are separately billable. Some fractures may need additional surgery, procedures, or physical therapy that are not included in the fracture fee. There are special rules our office required to use to report those services.

This office is required by Federal compliance law to report the services provided based on the documentation in the medical record. As a matter of policy, we cannot improperly alter a claim for the purpose of obtaining payment. If you discover a bona fide billing error, duplicate charge, or other posting error, we would greatly appreciate you bringing the matter to the attention of our business office staff for further investigation, upon which further, corrective action may be taken. If you receive a questionnaire from your insurance asking how your injury occurred, please complete the form, and return to them promptly. Your insurance company will not pay until the form is returned to them.

Insurance coverage and payment amounts vary greatly by payer. If you have any questions about your particular coverage, it is best to inquire with your insurance company's representative. Our business office staff is happy to assist in the claims filing process for prompt adjudication and payment of your insurance claim.

### Financial Policy

**Contracted Insurances:** Medicare, Railroad Medicare, Kentucky Medicaid, Health Alliance HMO, Health Alliance PPO, Healthlink HMO (Tier I), & Healthlink PPO (Tier II), Aetna, Wexford, Corvel, Group Health Plan, Anthem BC/BS, Federal BC/BS Plan, UMW H&R Fund, Harmony Health, and United Healthcare. Any Co-Payments assigned by your specific insurance plan are due at the time of service.

**Private Insurance:** We will submit your claim to your insurance company for payment. You are responsible for paying all balances not paid by your insurance company. Your insurance policy is a contract between you and your insurance company – we are not a party to that contract. If your insurance company does not remit payment within 90 days, you are ultimately responsible for your balance due.

**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 270-450-7224. We gladly accept payment via cash, check, VISA, MasterCard, or Discover.

**Workers' Compensation:** Charges will be submitted for you IF all information has been fully furnished and agreed to by your employer. You are required to provide us the claim number, name, address, and contact information of your compensation carrier. IF all information is not provided, we assume and expect payment from you. "I authorize any treating physician or provider to communicate orally, or in writing, with my employer or its insurance company, claims administrator, medical management consultant, case manager, field nurse case manager, and/or attorneys as to the treatment provided associated with my assumed work related injury, and do hereby waive my physician-patient privilege."

**Authorization:** "I authorize Drs. S. Jackson, B. Stodghill, T. DeWeese, S. Patel, B. Kern, B. Strenge, C. Hill, W. Adams, and/or S. Romine to release records pertaining to my health to insurance companies, referring physicians, attorneys, employer, employer's insurance company, case manager, field nurse case manager, claims administrator, 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 associated.

**"I have read and understand the billing information, financial policy, and information release, and agree to the contents."**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other  
Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

### **Notice of Privacy Practices**

I, \_\_\_\_\_, have read the notice of privacy practices, and authorize the Orthopaedic Institute of Western Kentucky to disclose the identified information to the persons and for the purpose described herein. I understand that by signing this document, I release the Orthopaedic Institute of Western Kentucky harmless for any release made pursuant to this authorization.

\_\_\_\_\_  
Signature of Patient or Legal Representative Date: \_\_\_\_\_

\_\_\_\_\_  
Description of Legal Representative's Authority