



## **Financial Policy**

### Medical Insurances:

We participate with and bill the following insurances:

Aetna, Anthem, Cigna, Choice Care Network, CompNet PPO, First Health, Great-West Healthcare, Harvard Pilgrim HealthCare, Martin's Point, Medicare MVP NH Healthy Families, NH Medicaid, Oxford Health Plan, Private HealthCare System, Tufts, United HealthCare and WellSense

We will make a reasonable effort to bill other insurance companies: however, there may not be any benefits or limited benefits for services provided by our physicians. Please be advised that it is your responsibility to contact your insurance company to determine your coverage prior to treatment.

### Managed Care Insurances:

Our physicians may not be authorized to provide service for patients with managed care insurance without a referral from a primary care physician. Please contact your primary care physician for a referral authorization. If you do not have authorization prior to your appointment, you will be asked to sign a waiver accepting responsibility for payment should authorization be denied.

Some managed care plans allow you to obtain treatment without a referral. When you choose this option, there is usually an increased out of pocket expense to that you are responsible for.

### Payment at Time of Service:

If you do not have medical insurance, payment is expected in full at the time of services. Co-payments and co-insurance are due at the time of service. Patients with previous uncollectible balances are expected to pay before provision of care.

In liability cases, we expect payment in full at the time of service and do not bill attorneys.

We accept cash, checks, debit cards, MasterCard, Visa, Discover, and American Express.

### Minors: (Ages 18 & younger)

It is our policy that the individual who brings a child/minor into our office and consents to treatment for services is accepting full responsibility for any balance due for services rendered.

I, authorize assignment of insurance benefits to Concord Orthopaedics for the purpose of payment towards services rendered by Concord Orthopaedics.

I, understand and agree that, regardless of my insurance status, I am ultimately responsible for my account for any professional service rendered.

I, have read this FINANCIAL POLICY and verify that all the insurance information that I have provided to Concord Orthopaedics is true, accurate, and complete to the best of my knowledge.