



CONCORD ORTHOPAEDICS

Financial Policy

Medical Insurances:

We participate with and bill the following insurances: Aetna, Anthem, Cigna, Choice Care Network, Cigna, CompNet PPO, First Health, Great-West Healthcare, Harvard Pilgrim HealthCare, Martin's Point, Medicare, MVP Healthcare, NH Healthy Families, NH Medicaid, Oxford Health Plan, Private HealthCare System, Tufts, United HealthCare, and Well Sense.

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 you.

Payment at Time of Service:

If you do not have medical insurance or are involved in a liability case, such as a motor vehicle accident, payment in full is expected at the time of service. We do not bill attorneys. Payment plans are available upon request. Our patient account specialists are available to answer your questions about any aspect of your account. Our hours are Monday-Friday, from 8:00AM-5:00PM and can be reached by calling 603.224.3368 or 800.660.2672. Should you wish to have your question answered in person, please call our office and we can arrange for an appointment in our Concord office.

Payment Options

We accept cash, checks, money orders, debit cards, MasterCard®, Visa®, Discover® and American Express®. You may also pay your bill online at concordortho.com.

Minors:

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 services 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.

Patient **Printed** Name: _____ Date of Birth: _____

Patient/Parent/Guardian **Signature:** _____ Date: _____