



**MIDJERSEY**  
**ORTHOPAEDICS**  
*LIVE LIFE BETTER.*

## FINANCIAL POLICY

*MidJersey Orthopaedics*. (MJO) appreciates the opportunity to care for you. This document constitutes fee and reimbursement policy for services rendered. It is provided to ensure you understand your financial obligations as they relate to *MidJersey Orthopaedics*. It is ultimately your responsibility to understand and comply with the terms of your insurance coverage and determine your level of benefit coverage. For your convenience, we accept **Cash, Checks, Visa, MasterCard, and Discover credit cards**.

We understand the stress that medical evaluations and treatments can cause. For this reason, MJO clarifies its financial requirements at the outset, empowering you with knowledge prior to partnering with our practice. If you have questions or concerns related to the information presented in this document, please contact our Billing Department at 908-782-0600.

### **Participating Provider and Covered/Non-Covered Benefits**

If MJO is a participating provider and if services requested are covered benefits, we will bill your insurance carrier directly. **Referrals, if required by your insurance, should be presented upon check-in prior to the time service is rendered.** It is **your responsibility to obtain your referral**. Co-payments, deductible and fees for non-covered services must be paid at the time service is rendered. Upon request, we will provide you with an itemized statement for submission to your insurance company. It is your responsibility to know **your own policy**. We will file with your primary and secondary insurance company. We do not file with any tertiary insurance. Failure of your insurance company to pay according to the state statute (NJAC 11:22-1) may result in the guarantor being liable for payment of outstanding charges.

### **Workers' Compensation and Automobile Accidents**

If this is an injury due to **work** or an **auto accident**, it is your responsibility to **inform our receptionists at check-in**. We must have the name of the insurance carrier, claim number, adjustor's name and phone number and where to file the claims. For the first visit for a work-related injury, we must obtain **prior approval for treatment**. Claims of this nature **are not filed under your health insurance as primary**. For auto related injuries, we will submit your health insurance as secondary. Failure to supply this information at the time of service may result in you having to pay in full for any services rendered.

### **Billing**

You will receive a monthly statement from our billing office. **Full payment is due within 30 days** of the statement due date. Delinquent accounts will be referred to a collection agency. Once your account has been sent to a collection agency, payment in full must be received to schedule any future appointments with our practice.

### **Self-Pay Policy**

It is your responsibility to pay at the time services are rendered. We accept **Cash, Checks, Visa, MasterCard, or Discover credit cards** for your convenience.

### **Surgical Procedures**

For elective surgical procedures, we will contact your insurance carrier to determine coverage of benefits and for pre-authorization. A **pre-surgical deposit may be required** prior to your procedure. If payment is not received by the date of the procedure, your surgery may be cancelled and/or rescheduled.

### **Fracture Care Policy**

Most fractures are billed under the term “fracture care”. This is dictated by insurance companies and constitutes “global billing.” Global billing means that **any consults or office visits within a 90** day period from the **initial visit are covered** under the global billing procedure. The initial casting or splinting and any removal of the casting or splinting are included and not billed separately. Any **x-rays** that are taken by MJO are **not included** and are billed separately. **Medical supplies** are **not covered** under global billing and are billed separately. **Any reapplications of casts or splints are billed separately** and are not under the global billing. You will be responsible for any charges not covered by your insurance company. A Fracture Care policy hand-out will be mailed to your home address on file for your convenience.

### **Non-Sufficient Funds**

Any check returned for non-sufficient funds or account closed will be assessed a \$30.00 processing fee. You will be responsible for all costs incurred by MJO in our effort to obtain reimbursement for services provided.

### **Medical Forms**

There will be a charge for completion of all school forms that are not presented at the time of your visit. There will be a charge of \$10.00, which must be paid at the time the form is completed.

### **Medical Records**

MJO medical records will be released only with your expressed written consent and after completing the appropriate authorizations to release health information, in compliance with federal and state laws. There is a fee for copies of your records and you will be informed of the total costs before copies are completed. There will be no charge for copies sent directly to another physician’s office. Requests for radiology studies, such as MRIs or X-rays will be provided on a compact disc (CD) and a fee of \$5.00 will be charged for each CD.

### **Patient Information Regarding Medical Supplies** (DME Acknowledgement)

Please be advised that some insurance policies **DO NOT pay for medical supplies** under your benefit plan, or the DME cost may be applied towards your deductible. We will bill your insurance carrier first, but **any unpaid balance will be your responsibility. DME (SUPPLIES) CAN NOT BE RETURNED OR CREDITED.**

### **Divorced Parents of Minor Patients**

The **adult who signs a minor child into our practice on the day of service accepts responsibility for payment.** This office does not promise to send bills to the other parent/guardian for issues of payment or communication. It is the responsibility of both parents to communicate with each other about payment issues.