

# Stewart Orthopedic Financial Policy

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Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Office Manager, Jennifer Hildebrant.

## **How May I Pay?**

We accept payment by cash, check, VISA, and MasterCard.

## **Do I Need A Referral?**

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to contact your physician to obtain the referral. If you are unable to obtain the referral at that time, you will be rescheduled.

## **What Is My Financial Responsibility for Services?**

Your financial responsibility depends on a variety of factors, please contact your insurance carrier to find out what your copays, deductibles, and out of pocket costs are.

## **Surgery**

If your physician recommends surgery, you will be working with his Surgery Coordinator. She will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification and pre-authorization if your insurance company requires it.

## **What if My Child Needs to See the Physician?**

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages.

*I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.*

*I authorize my insurance benefits be paid directly to Stewart Orthopedic.*

*I authorize Stewart Orthopedic to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.*

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Date

Signature

Printed Name