



**FOX VALLEY ORTHOPAEDIC INSTITUTE
FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C.
2525 KANEVILLE ROAD • GENEVA, IL 60134 • 630-584-1400
1975 LIN LOR LANE, PLAZA SUITE, • ELGIN, IL 60123 • 847-468-1400**

Patient Administrative and Financial Policy

Thank you for choosing Fox Valley Orthopaedic Institute (FVOI) for your orthopaedic care. We are committed to providing you with outstanding medical care in an efficient and cost-effective manner, and we realize that medical financial and insurance-related issues can be confusing and even stressful. Our hope is that by providing you with our Patient Administrative and Financial Policy details in advance, we can prevent any misunderstanding or frustration at the time of your visit.

I. PATIENT COVERED BY INSURANCE

If we are a participating provider with your insurance company, Fox Valley Orthopaedic Institute will submit all charges to your insurance company within 5 business days from the time charges are incurred for services rendered in the office or surgery center. We deal with many insurance companies and within each company there are many different group contracts. It is impossible for our staff to know all of the requirements, exceptions and benefits of these plans. ***It is up to the patient or insured to be aware of your individual policy (this includes in-network vs out of network benefits).*** The patient or insured is responsible for any co-pay, deductible and/or co-insurance that is clearly identified **and will be collected at the time services are rendered.**

If we are not a participating provider with your insurance company, Fox Valley Orthopaedic Institute will submit all charges to your insurance company within 5 business days from the time charges are incurred. **We ask that you pay** your out of network copay, deductible, co-insurance or non-covered charges identified **at the time services are rendered.**

Most procedures provided will be verified with your insurance company prior to your visit. (Surgery, Pain Clinic and MRI'S) Upon verification, it may be necessary to require a deposit based on the benefits quoted.

II. PATIENT RESPONSIBILITY OR THIRD PARTY ACCIDENT COVERAGE

Patients that are involved in an accident involving a third party will be requested to provide this information for verification of the claim's reimbursement policy. Typically, third party reimbursement is made at the time of settlement and paid directly to the injured party, therefore, **you will be requested to pay** for your services at the time they are rendered. Fox Valley Orthopaedic Institute will submit all charges involving this accident to your third party within 5 business days from services being rendered. If this is an emergency or unexpected expense, and you have a group insurance that we can obtain benefits wherein they will subrogate, we will request that you pay any out of pocket expense based on your benefits at the time of service and we will bill for these services to your group insurance. **Any other financial arrangements related to third party accident coverage must be approved by our Patient Accounts Department.** Medicare recipients will be asked to complete a Medicare Secondary Payer questionnaire as required by CMS.

III. PATIENT RESPONSIBILITY FOR REFERRALS

Patients with HMO or POS insurance coverage must present a valid referral for service from their primary care physician. **Obtaining this referral is the patient's responsibility for all visits.** However, we will help you by providing any codes necessary. Without a referral, you will be asked to pay for the services at the time they are rendered or you may reschedule your appointment until you obtain the referral.

IV. INSURANCE NOT PAID AFTER 30 DAYS

Unless we have a contract that states otherwise and your insurance company has not paid or responded within 30 days, we will automatically roll the charges to patient responsibility. You will receive a statement that shows these charges are your responsibility. Illinois law states insurance claims are to be processed within 30 days, therefore Fox Valley Orthopaedic Institute, as a courtesy to you, has waited 30 days. It is now the patient or insured's responsibility to pay this claim. Remember your health insurance is a contract agreement between you and the insurance company. If you feel they have not fulfilled their obligation with regard to payment, you should contact them and determine why they have not paid. We will bill the insurance again if necessary, however payment responsibility will remain with the patient and **a fee for re-billing may be imposed to the patient or insured.**

V. INSURANCE PAYMENT RECEIVED WITH PATIENT BALANCE DUE

Once the insurance has processed and indicated that there is a patient balance owing, you will receive a statement showing the patient balance due amount. Balances are due in full upon receipt of statement. If necessary, Financial Counselors are available to assist you with any questions you may have.

VI. ACCOUNTS 90 DAYS DELINQUENT

Any account which is 90 days delinquent will be referred to our collection department and collection methods legally available to us will be instituted. The patient or the patient's guarantor is financially responsible for all costs associated with placement to an outside agency.

VII. FOX VALLEY ORTHOPAEDIC ASSOCIATES

Fox Valley Orthopaedic Associates are dedicated to providing the best care possible. We are always available for you in case of an emergency. As you are aware, healthcare reimbursement to the provider is continually being scrutinized and, in many cases, reduced. Our patient care remains uncompromised because that is our mission. We ask that you, our patient, recognize and honor your financial responsibility for the services rendered. As always, we welcome your comments and are readily available to discuss any problems you may have.

- Insurance:** We will attempt to verify your insurance coverage; however, it is the patient's responsibility to provide us with current copies of all insurance cards or any third party liability insurance we are requested to bill. It is the patient's responsibility to know and understand the terms of their insurance policy. In the event your insurance company requires a referral from your primary care physician, it is the responsibility of the patient to present that **before** being seen or payment in full will be required at the time of service.
- As insurance companies use disclaimers when providing benefits to us, Fox Valley Orthopaedic Institute is not responsible for any inaccurate or undisclosed information from your insurance company. This includes **pre-certification** of services required.
- Co-payments:** Co-pays based on your insurance company's benefits are due from you at the time of service. A re-billing fee of \$20.00 may be assessed to your account if paid at a later date.
- Re-billing:** A \$20.00 fee for re-billing charges to your insurance company may be assessed to you if insurance information you provided is incorrect. A **minimum** fee of \$25.00 (per account) will be charged to any patient requesting charges to be moved from one account to another or requiring charges to be moved due to work comp or third party liability reasons. **The fee may be assessed higher due to the amount of work required to transfer charges, re-bill, verify, transfer records or refund.**
- Records Release:** Authorization for release of your medical records is required. A 48-hour notice is appreciated. A copying fee will be charged based on the number of pages copied. If you will be picking up your records, you must provide identification.
- Forms:** Your insurance company may ask you to complete a disability or FMLA form which usually requires information regarding your care from your physician. A minimum of \$25.00 is charged for this service.
- Self-pay:** Self-pay patients are required to pay in full at time of service unless other satisfactory arrangements have been made.
- Payments:** We accept cash, check, Visa, MasterCard, Discover and Care Credit. A fee of no less than \$25.00 will be charged on any returned check.
- Collection Fees:** **In the event an unpaid balance is referred to an outside collection agency, the patient will be responsible for any associated costs along with the amount referred.**
- Payment Plans:** Payment plans can be arranged by contacting your Financial Counselor, otherwise, the balance of charges is due upon receipt of bill.

Anesthesiology: Anesthesiology services are provided and charged by outside groups which may not be under contract with your insurance company. It is the patient's responsibility to contact their insurance company regarding this coverage and make any financial arrangements directly with the billing office of the anesthesiologist group providing services. Further information can be obtained from our Surgery Scheduling Department.

MRI/Arthrograms: MRI or arthrograms may be ordered by your physician. Please be aware that each test will be charged separately. If the order asks for studies on multiple areas, you will be billed separately for each scan.

We encourage you to contact one of our Patient Account Representatives for assistance with insurance matters or setting up financial arrangements. They are available Monday through Friday from 8:30 AM to 5:00 PM, and can be reached by calling one of the telephone numbers listed below. **If your last name begins with:**

A - F ---- 630-524-0147

G - L ---- 630-524-0153

M - R ---- 630-524-0151

S - Z ---- 630-524-0148