



Fox Valley Orthopedic 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 Financial Policy

Fox Valley Orthopedics' physicians are committed to providing you the best possible orthopedic care and we are pleased to have you as a patient. As part of your patient relationship with our medical group, it's important that you become familiar with our Patient Financial Policy. This document is written to help you understand our billing practices and payment terms. Please ask to speak to one of our financial counselors if you have any questions about this Policy.

Patients with Commercial Medical Insurance Benefits (In-Network vs. Out-of-Network)

If Fox Valley Orthopedics is in-network with your medical insurance plan, we will bill your insurance company. We will use commercially available means to verify that your insurance plan offers in-network benefits with our group, but it is ultimately your responsibility to confirm your plan's benefits.

If Fox Valley Orthopedics is out-of-network with your medical insurance plan, we will only bill your insurance company if we have established billing arrangements with them. In all other out-of-network situations, we will bill you directly and it will be your responsibility to seek reimbursement from your insurance company.

We collect co-pays, if applicable, when you check in for an appointment. We also ask for deposits toward estimated deductible and co-insurance amounts prior to MRI and surgical procedures. After your insurance company adjudicates your charges, you will receive a statement itemizing any amounts determined to be patient responsibility. Patient balances are payable upon statement receipt. We ask for past due balances to be paid prior to subsequent appointments.

Patients covered by Medicare

Fox Valley Orthopedics' providers participate with CMS (Medicare). We will use commercially available means to verify that you have Medicare benefits. Medicare copays are collected at time of service. Please recognize that in some cases Medicare is the secondary payer rather than the primary payer. This may occur when a Medicare beneficiary is still working and has commercial medical insurance, or when care relates to an injury covered by workers' compensation or liability insurance.

Patients without Insurance Benefits

Patients without insurance benefits (self-pay patients) will be required to pay for services prior to being seen by a provider. Advance payment is also required for durable medical equipment, x-rays, MRI scans and surgical procedures.

Liability Insurance Billing

If you would like us to bill your liability insurance company for care related to an accident, we will do so as a courtesy only if we can verify that benefits are available for medical services. We will not bill a third party liability policy. If a liability carrier does not pay within 30 days, we will bill you directly. You as the patient are ultimately responsible for payment in full.

Workers' Compensation Insurance Billing

It is your responsibility to provide employer authorization and contact information regarding a workers' compensation claim. If a claim is denied by your workers' compensation insurance carrier, it then becomes your responsibility. At your request, we will submit a denied claim to your medical insurance carrier with a copy of the workers' compensation carrier's denial. You as the patient are ultimately responsible for payment in full.

Patient Responsibility for Referrals

Certain insurance plans (HMO or POS) require you to obtain a referral from your primary care provider before seeing a specialist. It is your responsibility to obtain appropriate referrals for all visits. We will help you by providing any billing codes that may be 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 when you obtain the necessary referral.

If Your Insurance Plan Delays Payment

Billing your insurance company is a courtesy that we provide to our patients. If your insurance company does not pay us within 30 days of claim submission, we will bill you directly. In this case, it will be your responsibility to seek reimbursement from your insurance company.

Payment Methods

We accept payment by cash, check or credit card (American Express, Discover MasterCard or Visa).

Collection Actions

Account balances that are 90 days or more delinquent will be transferred to an external collection agency and/or subject to collection action in a court of law. Account guarantors will be held responsible for collection costs that we may incur, including collection agency fees, court costs and attorney's fees.

Fees

The charge for a returned check is \$25, payable by cash, credit card or money order. This fee will be applied to your account in addition to the insufficient funds amount.

We assess a \$25 fee for re-billing charges to an insurance company if you initially provided incorrect insurance information.

Anesthesiology

Anesthesiology services in our Ambulatory Surgery Center (ASC) are provided and billed by an unaffiliated medical group. It is your responsibility to contact your insurance company regarding anesthesiology benefits. Further information can be obtained from our Surgery Scheduling Department.