



Redding Orthopedic Center

David W. Hankin, M.D.
William B. Heyerman, M.D.

Richard N. Cross, M.D.
William J. Snider, M.D.

PAYMENT POLICIES AND GUIDELINES

The following is the financial policy of this office. Please read carefully. If you have any questions, the business office will be happy to assist you.

Preferred Provider Organization (PPOs, EMOs, EPOs, HMOs)

You are required to pay your co-payment at the time of your visit. We will bill your insurance company. It is your responsibility to know the benefits and restrictions provided by your specific plan so that we may assist as quickly and efficiently as possible. This is very important since any error in communication of this information to us may cause considerable financial liability on your part. You are responsible to find out which providers (i.e., hospital, physical therapists, etc.) your insurance specifies. **It is also your responsibility to obtain a referral** (if you participate in an HMO) from your primary care physician.

Medicare

Doctors Heyerman, Hankin, Cross, and Snider are "Participating Medicare Providers" and therefore accept assignment. You will be responsible for 20% of Medicare's approved charges, your deductible, and any services that are non-covered by Medicare. If you have supplemental insurance coverage please provide that information so we may bill both for you.

Private Insurance

We bill all insurance companies as a courtesy. However, you will be responsible for any follow-up necessary and for 100% of the bill. Statements are sent out monthly and indicate your portion of the bill. These charges are due upon receipt. If you have questions please contact our business office.

No Insurance/Self Pay

You are required to pay in full at the time of your visit. If you are unable to do so, you must discuss it with the business office *prior* to seeing the doctor. If you are having surgery, 50% of charges will be due before surgery can be scheduled.

Thank you for your cooperation.

I acknowledge reading the above, understand, and agree to comply.

Signature

Date