



FINANCIAL POLICY

Thank you for choosing our practice! We are dedicated to providing the best possible care to you and regard your complete understanding of our financial policies as an essential part of your care and treatment. If you have any questions or need further information regarding any of these policies, please ask to speak with a Billing Specialist or the Practice Manager.

- **Payment for all co-pays, deductibles, non-covered services etc. is due at the time of service. Patients who are uninsured are expected to pay the balance in full at each visit. For your convenience, we accept cash, checks, VISA and Mastercard.**
- **Be prepared to present your insurance card and proof of identity (e.g. driver's license). You will be responsible for providing a change of address, telephone number and/or insurance information any time a change occurs.**
- **Your insurance is an agreement between you and your insurance company. All health plans are not the same and do not cover the same services. As a courtesy to you, we will file your claims for you if you assign benefits to the physician. If your insurance company does not pay within a reasonable period of time or determines a service to be "not covered", we will look to you for payment. If we later receive a check from your insurance carrier, we will refund any overpayment to you.**
- **You will be responsible for promptly responding to your insurance company to provide any additional information they may request regarding your treatment, pre-existing conditions, accidents or other insurance coverage. Failure to respond in a timely manner may result in your account becoming due and payable in full, immediately.**
- **When you are charged a fee for surgery or office care of a fracture, this fee is known as a "global" fee and not only includes the service on the day it is performed, but includes routine follow-up care as well. The global period ranges from 10-90 days depending on the procedure and your health plan. X-rays and supplies (such as casting or dressing materials, splints, braces, etc.) are not generally included in the "global" fee and you may be charged for these items. Services related to complications are not included in the "global" fee.**
- **A parent or legal guardian should accompany all patients who are minors. This accompanying adult is responsible for payment of the account according to the policy outlined above.**

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 co-payments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Brookwood Orthopedics/ Dewey Jones, III, M.D./Dewey Jones, IV, M.D./Gaylon R Rogers, M.D.

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

Date

Signature

Printed Name