

Central Texas Sports Medicine and Orthopaedics, P.A.

Financial Responsibility Agreement

For over 25 years Central Texas Sports Medicine and Orthopaedics, P.A. (CTSM) has served the Brazos Valley. Our team of experts in sports medicine, orthopaedics, and physical therapy is committed to providing the care our community desires. We provide the best patient experience at competitive prices, and look forward to meeting your needs.

Before Receiving Care

Before coming to our practice for an appointment, all patients are encouraged to contact their insurance company to determine if services at our practice are covered. In order to pay for care, some insurances require an authorized referral from a primary care provider (PCP) be sent to our office before an appointment can be scheduled.

Uninsured Patients

CTSM is happy to accommodate uninsured patients. Payment for all services is due in the office on the day of the appointment. A deposit of \$250 is required at check-in for your first appointment and a \$150 at each subsequent visit related to the first appointment. If the cost for services at the appointment exceeds the deposited amount the remaining balance is due at check-out. If the cost of services is less than the deposited amount, the remainder will be left on the account as a credit toward future services..

If a deposit is not made at check-in, the appointment may be cancelled.

If after 90 days from the last visit a credit exists on a patient's account, and there are no future appointments scheduled, a refund check is issued to the billing address on file.

Worker's Compensation Insurance

CTSM accepts Worker's Compensation patients who are with select in-network Worker's Compensation insurance companies. An injured worker must complete and submit the Worker's Compensation Screening Form prior to scheduling an appointment with our office. CTSM is not responsible for gathering documentation for Worker's Compensation insurance. If the insurance company is in-network, CTSM will see the patient if it is for an injury we can treat. If an injured worker's case is accepted, all claims are billed to the worker's compensation insurance for the duration of the care. CTSM will not treat legacy cases unless the original treatment was with a CTSM provider. CTSM will not treat existing Worker's Compensation cases seeking a second opinion, or cases which are investigated or disputed prior to seeking treatment at CTSM. Worker's Compensation is not responsible for injuries or treatment unrelated to the work-related issue. The patient is responsible for any costs incurred for any non work-related issue.

School and Sports Related Accident Insurance

If a visit is related to a school or sports related accident, the proper documentation of accident insurance must be submitted at the first appointment related to the injury. CTSM is not responsible for submitting an accident claim form to the accident insurance company, thus opening the case. If the documentation is not provided timely, is incomplete, or incorrect, the accident insurance may not pay for our services. If the accident insurance denies or does not cover services provided by CTSM, the patient is responsible after the claim is processed. CTSM will notify the patient of their balance through paper statements, or courtesy reminder calls before any scheduled future appointments. CTSM is not responsible for correcting or resolving issues with paperwork submitted to us by the patient or their responsible party.

What Insurances Do We Accept?

As a courtesy, CTSM will bill your insurance. We bill to most major insurance companies and federal programs. All patients are encouraged to contact their insurance company to determine if they will pay for services at our practice. If an insurance company does not cover all medical expenses, the patient is responsible.

Copay

If your insurance has a copay for care as part of the policy, it is collected in full at check-in. If you are insured by more than one company a copay is not collected check-in.

Durable Medical Equipment

Payment for durable medical equipment varies based on the equipment required for care and a patient's insurance policy. A deposit or in full payment may be necessary for some equipment. If a claim is submitted for durable medical equipment, the patient is responsible after the claim is processed. CTSM will notify the patient of their balance through paper statements, or courtesy reminder calls before any scheduled future appointments.

MRI

Insured patients who need an MRI may or may not have to pay a copay for an MRI depending on their insurance policy. This information is determined prior to the MRI, and the patient will be notified what amount if any is due prior to the MRI. The copay for an MRI may not be the full amount owed by the patient. If a claim is submitted for an MRI, the patient is responsible after the claim is processed.

Uninsured patients will pay a cash price of \$475 before the MRI takes place.

All MRI images are sent to an outside radiologist to be read and interpreted. The patient is billed separately by the radiologist, and notified of their bill by that provider's office. All payments

for this bill are made to the radiologist's office. CTSM is not responsible for any bills or payments related to fees from outside radiologists.

Surgical Procedures

If a surgical procedure is necessary, CTSM will contact an insured patient's insurance company to determine benefits and eligibility. An estimated cost for a CTSM surgeon, plus an assistant if needed, is calculated based on the predicted procedure codes and may not reflect the total balance after a claim for the surgery is filed. The patient will be notified of the estimated cost prior to surgery, and payment must be made in full at least two days prior to surgery. If payment for the surgery is not received in full at least two days prior to the procedure, the surgery could be postponed. Please note that the surgeon may determine a different or more extensive procedure is required once in the operating room. If this occurs the patient will be responsible. The patient is billed separately for hospital related costs. CTSM is not responsible for hospital and anesthesia related bills.

The cash price for a CTSM surgeon, plus an assistant if needed, is calculated based on the predicted procedure codes and may not reflect the total balance after surgery. Uninsured patients will be notified of the estimated cost prior to surgery, and payment must be made in full at least two days prior to surgery. If payment for the surgery is not received in full at least two days prior to the procedure, the surgery could be postponed or cancelled. Please note that the surgeon may determine a different or more extensive procedure is required once in the operating room. If this occurs the patient will be responsible. The patient is billed separately for hospital related costs. CTSM is not responsible for hospital and anesthesia related bills.

For 90 days after surgery, patients are in a global surgical period. The global surgical period covers the copay and the cost of one on one visits with the surgeon for follow-up care after surgery. Diagnostic imaging, durable medical equipment, and other services are billed to insurance if provided. Uninsured patients are not billed for one on one visits with their surgeon for follow-up care after surgery. Diagnostic imaging, durable medical equipment, and other services must be paid for at check-out if provided during the global period.

The global surgical period does not cover services or visits unrelated to the surgery.

After Your Visit

Claims for insured patients are submitted once the visit is complete. Once the claim is processed by a insurance company CTSM will notify the patient of their balance through paper statements, or courtesy reminder calls before any scheduled future appointments.

Statements

Statements of patient balances are issued to the mailing address on a patient's account.

Statements reflect balances on services with processed claims at the time of mailing. If claims are pending at the time of mailing, it is possible the balance can change by the time a

statement arrives at its destination. For the most accurate balance information or for questions regarding a statement, please call our office.

Credits and Refunds

If a patient makes payments to CTSM which result in a credit, the credit will remain on an active patient's account and applied to future services at CTSM. Patients are considered 'active' up to 90 days after their most recent visit. If a patient is no longer active and a credit remains, a credit refund check is issued by CTSM as a check. The credit refund check is mailed to the billing address on the patient's account. Credit refund check processing can take up to 30 business days.

No-Show Penalty

If a patient no-shows 3 appointments in a 3 month period, the patient may be unable to schedule future appointments at CTSM.

Law Firms

If a patient is treated for an accident or injury and is suing for damages, payment for services must be made at the end of an appointment either by the patient or with the law firm's debit or credit card. CTSM will not postpone payment in anticipation of a settlement. If the patient is uninsured, CTSM uninsured payment policies are applied. Responsibility does not fall on a third party for payments to CTSM.

If a law firm requires medical or billing records as part of the lawsuit, records can be subpoenaed by the firm or requested by the patient by completing the Medical Records Request Form.

Medical Records

CTSM retains patient records subject to Texas law. Records can be released by completing the Medical Records Request Form, which must be signed by the patient or their guardian if the patient is a minor. Record requests are fulfilled by DataFile Technologies via fax or US Postal Service, subject to fees. If a copy of diagnostic images is part of the request CTSM will create the copies and send charge either \$8 to pick up from the office or \$10 to send to a requested location.

Minors / Patients of Divorced Parents

Patients under 18 cannot visit our office without written permission from a parent or guardian.

All bills for care to a minor belong to the parent or guardian of such a patient, until they turn 18 at which point the patient themselves is responsible for arranging payment for medical treatment. If a minor's parents are divorced, the parent or guarantor who brings the patient to

the appointment is responsible for treatment payments and any bills from treatment. If the patient is self-pay, the CTSM self-pay policy applies here.

Outstanding Balance

At CTSM, we understand medical bills can be a financial burden. We strive to provide superior medical treatment, and superior billing practices. If a patient is concerned about their bill, they are encouraged to bring it to our excellent staff's attention. We have a variety of options available to find a fair solution to an outstanding balance. Please contact our office for more information.

Forms of Payment

CTSM accepts cash, checks, debit and credit cards from all major carriers. CTSM also accepts HSA cards, and works with select active Care Credit accounts. Payments can be made in person or over the phone.