# **Patient Policies**

#### **FINANCIAL POLICY**

Newport Orthopedic Institute (NOI) is committed to providing you the best medical care. In order to achieve this goal, you must have a clear understanding of our financial policy which is important in order to sustain a professional relationship.

As a patient entering our practice, we will require identifying information, including a current Driver's License or State ID Card, and insurance ID cards.

**Payment Methods:** NOI Accepts Cash, Checks, Visa, MasterCard, and American Express and Discover through HealthiPASS.

Uninsured or Self-Pay Patients: Payment is due in full at the time of service.

**Insurance Billing:** It is your responsibility to know your benefits both in and out of network and how they will apply to your treatment by the doctor. NOI will follow the insurance contract guidelines for billing and collections. Please verify if NOI is a preferred provider with your insurance plan prior to receiving services. HMO & EPO Patients: You are responsible for obtaining authorization and approval for treatment with your Medical Group or PCP prior to treatment.

**Eligibility:** HealthiPASS is a new system NOI has adopted to verify real-time eligibility with your insurance **and its use is required at each visit**. In addition to eligibility, the system is designed to improve transparency around costs of care. It does so by providing NOI patients estimates of patient responsibility based on information received through integration (gateway) with your insurance company and the day's charges.

**Co-Pay, Deductible and Share of Cost**: HealthiPASS will also be used to **collect patient responsibility** co-pays at the time of visit, as well as, share of cost and deductibles at the time of claim processing. In the latter case, the system will notify you of any balance associated with your claim 5 days before your credit card, ACH, deposit or HSA account is debited. You will have up to 5 business days from delivery of your email to change your method of payment, if desired.

If you have questions regarding a pending transaction, we have a dedicated team at NOI to answer your questions and they can be reached during regular business hours at 949-722-5004.

#### **Insurance Information:**

**Narrow Networks: Blue Cross and Others**: The insurance industry is changing and there are many narrow networks being developed. NOI has a long history of being an in-Newtork provider, but recent developments with BLUE CROSS Individual and Family Plans have restricted our participation with

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this insurance. Group Blue Cross PPO is still in network but others may not be! If you are concerned about our network status, we can verify that with you. Prior to your appointment please call 949-722-7038 (Please select "Option 1", and then select "Option 1" again to talk with an appointment scheduler). If there is uncertainty around our participation we may ask you to sign a waiver and an ABN (Advance Beneficiary Notice). Upon execution we will submit the claim to your insurance and be an advocate on your behalf for claims payment. HealthiPASS is required for check in and if it is determined we are out of network, we will convert the claim to patient responsibility using the same discounts we provide for cash patients.

Covered California: NOI is participating in Covered California through Blue Shield, Health Net, United Healthcare & OSCAR.

**Surgery Deposits:** Deposits are due in full prior to the scheduled procedure. Deposit amounts vary based on your share of costs and include any unpaid deductible or co-insurance. NOI charges only for professional services provided by your physician. You will receive separate billing from the facility where your procedure is performed, the anesthesiologists, and other assistants that your surgeon may require.

**Durable Medical Equipment (DME):** DME is provided as ordered by your physician. Your insurance will be billed in accordance to your insurance coverage guidelines; however, you will be responsible for any unmet deductible and co-insurance rates. Some DME products are not covered by insurance, in which case, you will be notified of the item and its cost. DME is intended for single patient use only and is not subject to returns.

**Medical Records:** All Medical Record requests are subject to a clinical preparation fee of \$15.00. For diagnostic films, such as an X-ray, MRI, and CT scan, you will be charged the actual cost of films printed. The actual cost of shipping and handling will be added if applicable.

**Forms:** There is a \$15.00 fee for any from that requires a doctor's signature. This includes non-government disability forms, travel cancellation, employer forms, and any other miscellaneous requests or forms. This is not payable by insurance and must be paid upon request.

**Referrals for Physician & Ancillary Services:** When being referred to an outside organization as part of your care (i.e. Physical Therapy, MRI, DME Providers, Physicians, etc.), NOI does not verify if these organizations are preferred providers with your insurance plan. Please verify this directly with your insurance company prior to obtaining services.

If you choose to seek care at a non-preferred/non-participating provider for ancillary services, you may be responsible for higher copayments and costs in excess of your insurance company's allowable

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amounts, up to the non-preferred provider's total billed charges. Patients accept the financial responsibility for any additional cost for service when obtaining services from a non-preferred/non-participating provider regardless of being referred by Newport Orthopedic Institute. For assistance locating a preferred provider for ancillary services, you may contact your insurance company directly.

**Returned Checks:** A \$25.00 fee will be charged for any returned checks. We will be unable to accept your check for any services thereafter.

**Outside Collections and Payment Plans:** If unable to make payment in full, contact the billing department immediately to make payment arrangements. If the account is referred for collections, you will be responsible for the balance of your account plus a collection agency charge of 25% of the balance and reasonable attorney's fees. If your account becomes delinquent or is referred for collections, your provider and/or any collection agent of your provider has authorization to obtain your credit report to assist them in the collection of your bill.

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