



Financial Agreement

Thank you for choosing Audubon Orthotic & Prosthetic Services for all your orthotic and prosthetic services. We are committed to delivering outstanding healthcare and customer service. The following is our current financial policy.

For patients with health insurance: Audubon Orthotic & Prosthetic Services will submit an accurate claim to all contracted insurance as a courtesy to our patients. This will require information to be provided by the patient at each visit to ensure timely payment processing. Should the patient not provide accurate insurance data, the bill will become due by the patient at the time the insurance denies payment.

Audubon Orthotic & Prosthetic Services CANNOT waive copays, deductibles, coinsurance, or non-covered service amounts defined as patient responsibility under the terms of our contact with your health insurance. Patient copays are expected at the time of service.

For out-of-network patients: In cases where Audubon Orthotic & Prosthetic Services is not recognized as a participating provider and considered Out-of-Network (OON), Audubon Orthotic & Prosthetic Services may elect to notify and provide full disclosure upon submission of a claim to the patient's insurance carrier that Audubon Orthotic & Prosthetic Services will offer a discount to the patient as their insured member. Audubon Orthotic & Prosthetic Services will bill the patient's insurance carrier its full charge and then discount the patient portion of the payment to usual and customary as defined by the insurance carrier. Should the patient's insurance carrier offer payment to Audubon Orthotic & Prosthetic Services at the discounted rate offered to the patient, Audubon Orthotic & Prosthetic Services will accept the payment from the insurer as payment in full. At no time, is Audubon Orthotic & Prosthetic Services charging two different prices for the same service, nor is pricing based on the fact than an insurance company may be paying for all or a part of the service rendered. This is not a waiver or a discount of any co-payment, coinsurance or deductible amounts owed for services rendered and is not offered and should not be interpreted as an "inducement" to have services rendered.

I authorize Audubon Orthotic & Prosthetic Services and their billing company to negotiate, discuss, and in any other way, communicate with my insurance company in those areas relative to OON reimbursements, methodology used in OON negotiation and affair negotiation of final payment. I authorize Audubon Orthotic & Prosthetic Services and its billing company to accept or reject agreements, to enter into contracts binding upon final adjunction of claims and negotiations, and to act in whatever way necessary so as to accomplish that which is being undertaken.

For auto accidents or liability patients: Audubon Orthotic & Prosthetic Services does not bill third party insurance.

Methods of payment: Audubon Orthotic & Prosthetic Services accepts all major credit cards, checks and cash.

Past due accounts: All patient responsible balances will become delinquent 15 days after request for payment. After 30 days, your account will be turned over to an outside collection agency. If the account remains delinquent, the patient will be unable to schedule any further appointments until the debt has been settled.

Thank you for your understanding of our financial policy. If you have any questions regarding this policy or you account, please contact our billing department, toll-free at 855-300-9531.

I have read and understand the financial policy of the practice and I agree to its terms. I also understand that the terms may be amended by the practice.

Patient Signature: _____ Date: _____
(If a patient is a minor, a parent/legal guardian must sign on his/her behalf)

Patient Name Printed: _____ Date of Birth: _____