Welcome,

Thank you for choosing our practice for your orthopedic healthcare needs. On behalf of everyone at South Shore Orthopedics, LLC we welcome you to our practice.

We strive to offer comprehensive, quality care to all of our patients. We feel that it is appropriate to inform our patients of our financial policies and procedures, and of any authorization requirement we need that may ultimately affect your care. The policies and procedures are available at your request or may be viewed on our webpage at:
http://www.southshoreorthopedics.com

If you have any questions about these policies and procedures, please ask one of our staff members for help.

Thank you again for choosing South Shore Orthopedics, LLC

Payment Methods

You are responsible, at the time of service, for all expenses incurred during your office visit. SSO accepts payment by cash, check or credit card (Visa, Discover, American Express and MasterCard). SSO will assist you in paying owed amounts through the option of a payment plan with monthly automatic withdrawal of an agreed upon amount in writing from a credit card account over a period not to exceed 6 months. All delinquent payments are handled in accordance with applicable banking laws and regulations. (See payment plan policy on page 6)

Self-Pay/Uninsured Accounts

SSO will offer you a discount should you not have insurance. The amount you will pay is determined from a defined fee schedule and considered payment in full. You understand that the time of service discount applies to all patients for services provided. You understand that SSO has agreed to furnish the healthcare services you have requested or for which may be recommended by a healthcare provider of SSO in exchange for payment in full from you at the time of service. The time of service discount is offered to you because you do not have insurance available to pay for all or part of the service to be furnished by SSO. You further acknowledge and attest that you do not have insurance coverage for this service.

Clinic Visits for Self-Pay -Patients who are self-pay (no billable insurance), are required to pay for their visit(s) at the time of service. A new patient visit charge is $225.00. An established patient or follow up visit charge is $150.00. You will be charged for additional charges or other services (i.e. injections, x-rays, casting etc.) received during your visit. Payment Plans are available at the Billing Department's discretion and must be approved and signed prior to the day of service. PRP injections and waterproof casting must be paid in full at the time of visit.

Surgery Charges for Self-Pay-A deposit of 80% of the anticipated physician fee is required prior to surgery. A payment plan will be established with a credit card on file for the remainder amount due.

Financial Responsibility Resulting from Insurance

You understand that you are responsible for your cost sharing as defined by your insurance carrier at the time of service. SSO will submit claims to your insurance carrier for primary and secondary insurance covered services. SSO will prepare a statement on amount owed if amount was unable to be calculated at the time of service. Payment or payment arrangements will be made by you within thirty (30) days of a receipt of a statement by SSO. You agree to have your credit card on file to pay for any services not paid by your insurance.

Insurance Policy Provision

You understand for purposes of this document that "insurance carrier" shall mean a health plan or insurance company and benefit plans offered by similar organizations or other types of benefit plan structures. "Insurance carrier" shall include programs offered by The Centers for Medicare and Medicaid Services, related Medicare replacement plans, secondary insurance plans, related Medicaid replacement plans, programs offered by the Department of Defense and all organizations offering a form of health care or medical benefit coverage.

SSO may or may not participate with your insurance carrier. It is your responsibility to determine the financial obligations of care. Your insurance policy is a contract between you and the insurance carrier. You are ultimately responsible for all charges incurred at SSO. It is your responsibility to know the benefits and provisions of your insurance policy. If you have any questions or concerns regarding the benefits of your policy, you will contact your insurance company directly. You are responsible for all charges denied or reduced by your insurance carrier. A current insurance identification card is required at each visit. If your insurance cannot be verified at the time of your visit, you will be obligated to pay for services until confirmation of your insurance coverage can be obtained. You shall supply current and accurate information regarding your insurance policy.

Co-payments Your insurance contract requires that we collect your designated copay at the time of service. Please be prepared to pay your co-pay prior to each visit.

Deductible and Co-Insurances We will verify your insurance benefits and, at the time of your appointment, you

will be expected to pay towards an estimated amount owed. Following your appointment, as a courtesy we will bill your insurance company, and any patient responsibility portions are to be paid with your credit card on file. If you have any questions regarding the amount due after insurance is processed your claim please contact them directly.

WORKERS COMPENSATION AND MOTOR VEHICLE ACCIDENT (MVA) INSURANCE

Workers Compensation/Accident Cases: In order for us to file a claim with your work comp or other liability carrier you must provide complete billing information. Without this information we are unable to bill your insurance carrier and we will ask for payment in full at the time of service. Patients shall be financially responsible for medical services related to work comp/accident if insurance fails to pay in full. We do not bill attorneys for medical services

Clinic Visits - We will bill the Workers Compensation plan or MVA insurance provided. This information must be provided before the service, or the self-pay patient policy will apply. Patients will be responsible for all medical services obtained and/or the remaining balance(s) owed if the work comp/MVA insurance fails to pay. We do not work with attorneys or wait for payment from a settlement. If the Personal Injury Policy exhausts on the MVA insurance, we will bill the patient's regular medical insurance plan or the private party.

Surgery Charges - These payments are handled on a case by case basis and will need to be negotiated with the Billing Department at least one week prior to surgery.

Referrals, Pre-Certifications and Authorizations We make a reasonable effort to obtain referrals, Prior Authorizations and Pre-Certifications but this is ultimately your responsibility. You understand that your insurance carrier may require that you have a referral to be seen, that pre-certifications to receive services or authorizations may be required and **that you shall be solely responsible to obtain required approvals** and referrals to receive care. You understand that if you do not have or obtain necessary referrals, authorizations or fail to notify immediately your insurance company of any hospital admissions or non-routine care may result in you being responsible for payment for those services.

Healthcare Provider Classification SSO is recognized as a specialist care provider. SSO may or may not be a participating provider with your insurance carrier. Due to our Specialist classification, copays may be higher than your PCP. It is your responsibility to know what your copay would be with SSO and it is our responsibility to collect that copay.

No Benefit Coverage-Services not covered by your insurance carrier will be required to be paid for at the time of service. Possible examples of non-covered services include certain injections, durable medical equipment or custom splinting. Non-Covered services could include also services previously covered by your insurance carrier but are services that have a limitation on coverage making a covered service a non-covered service. The determination of coverage is defined by your insurance carrier and subject to your certificate of coverage and policy with the insurance carrier you have selected to assist in your obligation of payment for services. You understand that it is your responsibility to contact your insurance carrier regarding your specific plan structure and coverage.

No Benefit Services If your insurance plan determines that a service is not covered for any reason you will be responsible for payment of the charges.

Durable Medical Equipment (DME) Some DME items may not be covered by your insurance plan and you will be asked to pay in full at the time of service. All items are new when given and cannot be returned.

Diagnostic Testing

Your care at SSO may include diagnostic testing. Tests performed and billed by SSO include but are not limited to certain radiology testing. All other testing not performed by SSO are performed by outside vendors. You will receive a separate billing for these services from that vendor (laboratory or diagnostic testing center). If your insurance carrier requires use of a specific laboratory or diagnostic testing center, you will inform the provider and practice at time testing is ordered. SSO will not be responsible for referrals sent to the wrong testing centers. You understand that there may be many different laboratory and diagnostic testing or screenings that SSO healthcare providers feel are required for your medical care which may not be covered by your insurance carrier (non-covered services). The healthcare providers have no knowledge of your insurance benefit plan so there is no guarantee that any test ordered will be covered by your insurance carrier. In many cases patients themselves request these non-covered tests. The testing centers will submit charges for these tests and you are ultimately responsible for payment of such testing. As an informed consumer and active participant in your healthcare, you will make sure that you understand exactly what test are being ordered by your healthcare provider before permitting the tests to be performed.

Surgery Services

Medical billing for all major surgical procedures (i.e. fractures repair, joint replacement, etc.) generally involves a set fee for the procedure and follow up visits for a period of 10- or 90-days following treatment. This is commonly referred to as "Global Surgical Package" and does not include initial consultation or evaluation by the Surgeon to determine the need for major surgery; visits unrelated to the diagnosis for which the surgical procedure is performed; diagnostic tests and procedures including x-rays; DME, Custom Splinting, treatment for post-op complications that require additional operations; additional cast applications and supplies be required; or a more extensive procedure if the less extensive procedure fails.
Upon scheduling of surgery, SSO will create a patient estimate for you so that you are aware of what your financial responsibility will be. SSO will submit the bill to your insurance company. Upon payment and or receipt of explanation of benefits, any balances owed by you will be charged to your credit card on file.

Fracture Services (Refer to Fracture Care Billing)

Your insurance company requires we bill our services using a coding system known as CPT (Current Procedural Terminology). Fractures are billed as a "package" Service. This means at the time of initial care; your fracture is evaluated by an Orthopedic Surgeon who is experienced in evaluating and treating fractures. There are three types of fractures: non-displaced, displaced and open. Each fracture presented is evaluated by the Orthopedic surgeon with a decision on treatment. The service could have a 10-day global or 90 day global. This means you would be returning for a re-evaluation and would not be charged for the office visit. This "Global" period does not include x-rays, dme, custom splinting or supplies. Upon payment and or receipt of explanation of benefits from your insurance company, any balances owed by you will be charged to your credit card on file.

Collection Activities

We realize that temporary financial problems may affect timely payment of your account and if such problems do arise, we encourage you to contact our Billing Office for assistance in the management of your account.

Balances in collections must be paid in full prior to further treatment. The collection agency and your health insurance company will be called to verify payment and current benefits prior to scheduling an appointment. If you are without insurance, the self-pay policy listed above applies. If you have filed for bankruptcy, a $450.00 deposit is required for self-pay and/or non-contracted services. Internal unpaid balances must be paid prior to more appointments being made

Collection Process Any balances determined as patient responsibility that remain unpaid -after 90 days will be subject to an in-house review. If at that time satisfactory payment arrangements have not been established, you understand that you will receive a letter from SSO notifying you that you have until the end of the current month or date noted in the letter to pay your balance in full or your account will be forwarded to an outside collection agency and you will be subject to an additional processing fee of $25.00 in addition to any Account Interest. You understand that you may not be allowed to schedule any further appointments with SSO, receive any medication refills, or seek any medical advice of any kind from SSO until this collection balance is paid in full except if you are hospitalized or in a limited post-operative follow-up period. In the event your account is sent to an outside collection agency, you understand that you will be obligated to pay collection company fees. you will also be responsible for attorney fees and court costs should the collection proceedings advance to litigation.

Bad Debt Accounts
SSO, LLC, or any other collection or servicing agency or agencies retained by the facility (together referred to hereafter as "collectors") to collect any money that the patient owes to the facility. The patient or the patient's guarantor may be contacted by telephone or text message at any number provided or otherwise associated with the patient's account. This includes mobile telephone numbers, which may result in my incurring fees for the call or text message. The collectors may contact the patient or the patient's guarantor.

Minors of Divorced Parents and Child Custody Cases Both parents are financially responsible for care

rendered to minor children. If the court order showing financial responsibility, SSO reserves the right to bill the parent who attend and sign the financial policy until a court order is provided.

Other Charges Patients are responsible for some charges that are not covered by their health insurance policy. This includes services such as Platelet Rich Plasma (PRP) injections, waterproof casting supplies. The fees for these services are the patient's or responsible party's responsibility and payment is due in full at appointment check in.

Service Fees

The following are some but not all service fees assessed by the practice. Service fees are subject to change at the discretion of the practice.

Disability, Insurance or Employment Forms SSO will prepare necessary forms supplied by the patient that are required by insurance companies or employers. These forms are often quite detailed and lengthy and therefore cannot be completed quickly. SSO requests that the patient leaves the form at our office for completion with all information that you can provide already filled in. **SSO staff will then complete the form within five (5) workings days**. SSO may charge a usual and customary fee for each form completed. Payment in full is required at time of request to complete forms but not later than the time at which such form is released

After Hours Phone Calls Healthcare providers should only be called or paged after normal business hours for serious health concerns. In the event of a true emergency, you should call 911 or go to your nearest emergency room. SSO normal business hours are posted in the practice and subject to change. Patients are directed to call their pharmacy directly during the day for prescription refills for prompt service. The pharmacy will then call our office for renewals if necessary. **SSO will not refill prescriptions after normal business hours.**

Returned Check Fees You understand that if SSO receives a returned check written by you or on your behalf, you will be charged a returned check fee of $25.00 and will be required to pay using your credit card on file. Failure to repay the returned check and the returned check fee may result in collection proceedings and may lead to dismissal of you as a patient from SSO.

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Economic Hardship (See Financial Hardship Waivers)

SSO maintains an economic hardship policy for patients unable to meet the financial obligations of services rendered. The policy allows SSO to write down the balance owed when income levels do not meet a threshold calculated as a percentage of the federal poverty level. Patients may qualify for such discount once per year when meeting the written definition maintained by the Business Office of an economic hardship discount. The classification of economic hardship requires documented proof from the patient in accordance with written guidelines that may include disclosure of IRS annual tax filing returns to the Business Office.

Out-of-Network

In cases where SSO is not recognized as a participating provider and considered "out-of-network" for your PCP, SSO will bill your insurance carrier its full charge and then discount the patient portion of the payment to usual and customary as defined by your insurance carrier. Should your insurance carrier offer payment to SSO at the discounted rate offered to you as the patient, SSO will accept the payment from the insurer as payment in full. **SSO at no time is charging two different prices for the same service nor is pricing based on the fact that an insurance company may be paying for all or a part of the service rendered. This is not a waiver or 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.**

You authorize SSO to negotiate, discuss and in any other way communicate with your insurance company in those areas relative to OON reimbursements, methodology used in OON negotiation and a fair negotiation of final

payment. You authorize SSO to accept or reject agreements, to enter into contracts binding upon final adjudication of claims and negotiations, and to act in whatever way necessary so as to accomplish that which is being undertaken.

You assign and/or convey to the above named health care provider any legal or administrative claim or chose an action arising under any group health plan, employee benefits plan, health insurance or tort fear insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications you receive from the above-named health care provider (including any right to pursue those legal or administrative claims or chose an action). SSO is hereby authorized to initiate on your behalf any complaints regarding my healthcare benefit payments or adverse benefit determinations.

Final Costs of Services

You understand that you may inquire about costs of services for office, surgical or other procedures. You also understand that SSO representatives **can only estimate potential costs** and cannot guarantee my final costs until all procedures have been performed and documentation has been reviewed by SSO Business Office. You further understand that after review of your procedures you may receive a statement for additional expenses. The practice will comply with requests for estimate of charges and will supply that to me before the 10-business day after the date on which the estimate is requested.

Discharge of a Patient

You understand that SSO has the right to discharge any patient from this practice at any time for various reasons, including but not limited to, failure to abide by SSO financial policies, noncompliance of recommended treatment plans, drug-seeking activity, and any abuse of SSO healthcare providers and staff. If this occurs, you understand that your medical records will be released to a physician or healthcare facility of your choice only after an appropriately signed documentation is received by SSO. You further understand that once discharged from SSO, you will not be allowed to return as a patient of SSO in the future.

Authorizations

Assignment of Benefits You certify that the information you have given to SSO is true and correct to the best of your knowledge. **You promise to pay to SSO all charges and expenses for services provided to you by SSO in accordance with its current fees and charges to the extent that those fees and charges are not covered or paid by your insurance or by another payment source such as Medicare.** You request that payment of authorized benefits under any private or government insurance program that covers you, including the

Medicare program, be made on your behalf to SSO for any services furnished to you by SSO. You authorize any holder of medical information about you to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine your Medicare benefits, if any, for services furnished by SSO. You understand that possession of medical insurance does not relieve you of financial responsibility to SSO. **You will personally be responsible for all charges for services that are not covered by your insurance carrier.**

Consent for Use and Disclosure of Health Information for Treatment, Payment and Operations You consent to the use and disclosure of your protected health information by SSO, its staff and business associates for the purposes of treatment, payment and health care operations. Your protected health information includes any information that reasonably identifies you and relates (1) to the provision of healthcare to you, (2) to any of your past, present or future health conditions, or (3) to the past, present or future payment for any provision of healthcare to you. The information that is protected includes information related to your physical or mental health. You understand that you have the right to request that the practice restrict its uses and disclosures of your protected health information that the practice is otherwise permitted to make for treatment, payment and health care operations. SSO, however, is not required to agree to these restrictions. Nevertheless, if SSO agrees to any restrictions, those restrictions are binding on it. Finally, you understand that you have the right to revoke this consent in writing, except to the extent that SSO has acted in reliance on it.

Appointed Representative SSO may pursue collection of benefits in your name or in the name of SSO as your appointed representative and agent.

If you have questions about any of these payment policies, please ask to speak to someone in our Billing Office or call 781-337-5555

I have read and understand the financial policies, procedures and authorizations of South Shore Orthopedics, LLC to include payment methods, uninsured accounts, financial responsibility resulting from insurance, insurance policy provisions, diagnostic testing, collection activities, service fees, economic hardship, discharge of patient, out-of-network, final cost of services and authorizations to include assignment of benefits, record usage provision, consent for medical treatment, consent to use and disclosure of health information for treatment, payment and operations, appointed representative and notice of privacy practices.

I understand that these policies, procedures and authorizations outlined in the Financial Policies and Procedures may be amended from time to time at the discretion of the practice and apply to me. I authorize the use of a copy of this authorization in place of the original.

Please print patient name:

Patient Signature: Date: _

Date of Birth:

If patient is a minor (less than 18 years of age) or incapacitated:

Please print responsibility party name:

Responsible Party Signature: _ Date:

Relationship to Patient: