

Orthopedic & Sports Specialists of Louisville, P.S.C.

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Fern Creek Office

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Specializing in:

- Adult and Pediatric Orthopedics
- Sports Medicine
- Total Joint Replacement
- Arthroscopic Surgery
- Fracture Care

Patient Responsibilities and Collection Policies

We welcome you and are grateful that you have chosen us to be your physician. For your information and convenience, we want to make you aware of our billing policies, which are largely dictated by Medicare, other rules and regulations, and your health plan's requirements. Please note that we charge a \$25.00 fee for missed appointments if we are not notified 24 hours in advance.

PATIENT RESPONSIBILITIES:

It is your responsibility to give our office current and up to date information. This includes your name, changes to your address and telephone number, changes in your health status and information about other health services that you may have received, and your current insurance information.

It is your responsibility to provide our office with any needed referrals from your primary care physician. It is your responsibility to know your health plan's policies and guidelines. Every health plan is different.

It is your responsibility to contact your health plan to verify that any physician you see in this practice is a participating physician with your health plan.

COLLECTION POLICIES:

We will collect your co-payment at the time of your visit. Your health plan and the laws that relate to billing practices require these payments in most instances. We will then file a claim with your health plan for you. We prepare claims based on the information provided by you as the reason for your visit and the diagnoses and/or procedures performed by the physician. In compliance with legal and ethical rules, we submit claims based on actual services provided, not based on what your health plan covers.

You are responsible for the balance remaining after your health plan pays its portion. You will receive a monthly statement from us. If you fail to pay your bill in full or fail to make payment arrangements with us within 60 days after the date of your first statement, your account will be placed in our collection department. If we do not hear from you, your account will be sent to an outside collection agency, which could adversely affect your credit. For your convenience, we accept Master Card and Visa. **Please note that if your account is sent to an outside collection agency, you will be responsible for the balance due on your account plus 40% to cover the cost of your account being placed with a collection agency.**

In cases involving workman's compensation, you are not responsible for any of the bills arising from the care delivered for the accepted work-related injury. In order to treat you for your work injury, we must have a valid claim number, date of injury, employer contact number, and approval from the workman's compensation carrier. If the workman's compensation claim is denied, then the option to revert to your personal insurance can be considered, and all of the above will apply.

I understand my responsibilities and agree to be responsible to see that my account is kept current.

Patient or Guarantor Signature

Date

Witness: _____