



Boyette Orthopedics  
& Sports Medicine, PA

## Financial Policies

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### *Our Team: Working Together, Keeping You Active*

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Thank you for choosing Boyette Orthopedics & Sports Medicine. We are committed to providing exceptional, personalized, and cutting edge orthopedic care in a friendly and intimate environment. Before we provide medical services, we require that you review our Financial Policies and agree in writing to accept them.

- **Payment Required at Time of Service.** Payment is required at the time of service. This policy applies to applicable and estimated co-insurance and co-payments under your health insurance policy, provided that we are a participating network provider. If we are not a network provider for your insurance plan or if you do not have insurance, we require full payment at the time of service. We accept cash, VISA, and MasterCard, VISACHECK, and personal checks. If there are insufficient funds to cover your check, we charge a penalty of \$25.
- **Policy for Filing Insurance.** We participate with most major insurance plans. Individual plans vary considerably, and we may not have all the information that we need about your insurance benefits. A representative of your insurance company may be best able to answer some of your questions.

When you come to our office, please bring with you a current insurance ID card. We will verify eligibility, and once we know that your insurance coverage is current and valid, we can file a claim on your behalf. If we learn that you are not eligible for insurance, we will consider you to be self-pay and financially responsible for the cost of your care. In some cases, your insurance company may not cover the medical services that we provide or may determine that some of the services are not medically necessary. If either of these two cases arises, you are financially responsible for the care you receive.

If you require surgery or fracture care, you are responsible for any unmet deductible and for your co-insurance. Our bills for service do not include anesthesia, hospital care and laboratory tests. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

- **Automobile Accidents.** If you have been injured as a result of an automobile accident and have medical insurance, we will file a claim with that company. If you do not have medical insurance, we expect payment at the time of service. We do not file non-medical insurance claims or wait until you receive reimbursement from your automobile insurance company.
- **Workers Compensation.** If you have been injured at work, please let us know. We require your employer or Workers Compensation insurance carrier to initiate and authorize a request for your appointment.
- **Minor/Patients under Guardianship.** An adult parent or legal guardian accompanying a minor patient or a patient under guardianship is responsible for the payment of the patient's account regardless of who holds the insurance policy. Unaccompanied minors

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can be denied non-emergency treatment until a parent or guardian is present or until such time as we receive written permission for the treatment and payment of the account. In emergency situations, the parent/guardian should take the minor patient to the emergency room.

- **Refunds.** If an overpayment is made on your account, we will process refunds not later than the 15th of the month following the month in which we processed the overpayment. If we are providing ongoing treatment, at your request we can apply the overpayment to future balances.
- **Collection Agency.** Patients with outstanding balances of more than sixty days must make arrangements to be placed on a payment plan prior to scheduling future appointments. If payment arrangements are not made and the account is more than 90 days past due, we may turn the account over to a collections agency. Once the collection agency has your account, you are responsible for direct payment to the agency.

**I understand and agree to the above policies.**

Signature of Patient (or Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

***Please complete this form and bring it with you at the time of your visit or fax it to Boyette Orthopedics & Sports Medicine at (252) 215-5201.***