



PATIENT STATEMENT OF FINANCIAL RESPONSIBILITY

Thank you for choosing Westphal Orthopedics for your healthcare needs. Our staff is committed to enhancing the quality of your care and overall health. This patient statement has been designed to inform you of our financial policies and answer your questions regarding payment of services.

Please be sure that you read and understand all the information provided in this statement before signing the release. As our patient your signature is binding and acknowledges your understanding and compliance with our policies.

Payment for Office Visits

For your convenience we accept cash, Visa, MasterCard, American Express, Discover and personal checks. Co-payments required by individual insurance plans are due at the time the services are rendered.

Returned checks are subject to a \$30 return fee in addition to any fees your bank may apply.

Payment for Surgery

Co-payments, co-insurance and/or deductibles toward surgery are your responsibility. We will make every attempt to contact your insurance carrier prior to your surgery so we can inform you with an estimate of what your financial responsibility to Westphal Orthopedics will be. A 50% deposit of the patient responsibility may be required prior to scheduling elective surgery.

Self-Pay Patients

We welcome self-paying patients when insurance coverage is not available for our services. Patients without insurance will speak with a representative from our financial services department prior to any appointment to determine if a reasonable payment arrangement can be established.

Cancellations and Missed Appointments

In order to be respectful of the medical needs of others please be courteous and call our office at least 24 hours in advance if you are unable to attend or must reschedule an appointment. Patients who no show or fail to cancel three appointments with adequate notice may be subject to termination from the practice. Westphal Orthopedics will notify you in writing, via certified mail, if you are discharged from care.

Medical Supplies and X-Rays

Your insurance plan may cover medical supplies and x-rays partially or not at all. We will do our best to abide by your insurance policy and bill them appropriately. However, you will be billed directly if your insurance company denies charges for medical supplies and/or x-rays. Upon request, we will provide you with a cost estimate of all services and supplies.

Forms: Disability/FMLA/Insurance Forms

Each form requires a \$15.00 pre-payment before the form(s) will be completed. These forms may take 3-5 business days to complete in order to thoroughly review your medical record.

X-Ray Views/Medical Record Ownership

Medical records and diagnostic images belong to the physician's office or facility where they were made. The fees paid for the x-rays and other diagnostic images are for the expertise, equipment, and supplies used to take the images and diagnose them. You, the patient, have a right to obtain copies of your images if you make a written request that they be provided to you and not to anyone else. We, the physician, will charge you the actual cost of making the copies of your films and/or medical records. Our charges for copying medical records are based on fees established by the PA Department of Health. These fees may be viewed on the PA Department of Health website.

Medicare Patients

We accept Medicare assignment of covered charges. Patients will be billed for the \$147.00 annual deductible or any uncovered charges unless the patient has a supplemental insurance.

I hereby acknowledge that I have read, understand and agree to comply with all policies outlined herein. I also acknowledge should my account go to collections, I may be charged the collections service fee in addition to all outstanding balances.

Signature of Patient/Guarantor

Date: _____

Print Name