

# HAND SURGERY SPECIALISTS OF NEVADA

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## Practice Financial Policy

Thank you for choosing Hand Surgery Specialists of Nevada as your Hand & Upper Extremity care provider. The following is our financial policy. If you have any questions, please do not hesitate to ask our Director of Operations.

**All Copayments and Deductibles are due at the time of service.** Co-Insurances will be billed to patient once the insurance(s) process our medical and/or therapy claims. We accept cash, checks, and credit cards. If you do not pay your co-pay at time of check in, you may be rescheduled for your appointment until you can pay any monies owed for service. We will submit insurance claims on your behalf, if we are a contracted provider for your insurance company. If your insurance company changes, it is your responsibility to inform the office immediately. Please provide a copy of the front and back of your insurance card.

**Non-Insured patients, payment in full is due at time of service.** We do not offer payment arrangements. The only exception is an initial visit with an Emergency Department referral, which may be billed. All subsequent visits must be paid at the time of service.

**Please read the following carefully:**

Your insurance policy is a contract between you, your employer and your insurance company. We are not a party to that contract. Our relationship is with you therefore you are ultimately responsible for any service, regardless of your insurance coverage.

1. If not all services are covered by your insurance company, for whatever reason, it is your responsibility to know what is and is not covered. Fees for non-covered services are due at the time services are rendered.
2. Our office charges are for the doctor's services only. The appropriate providing company bills fees for studies and braces separately.
3. If your insurance company does not pay within 60 days, we reserve the right to begin billing you directly.
4. Our billing process consists of one statement, one audit letter and one final notice. If you fail to respond to the final statement, your account will be forwarded to a collection agency and you will be discharged from the practice.
5. Returned checks are subject to a \$25.00 fee.
6. There is a \$25.00 charge for appointments or surgery cancelled less than 24 hours before scheduled appointment or surgery time.
7. There is a \$25.00 charge to complete FMLA or Disability claim forms.
8. Refunds are processed upon request and paid within 30 business days.
9. Medical Records Request: To cover the cost of copying, state law **NRS 629.061** provides for a charge of .60 cents per page plus postage.

We understand financial hardships that may affect timely payments. We encourage you to communicate with our billing office and/or Director of Operations so he/she may assist you in the management of your account.

I have read, understand and agree to the above Practice Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments, deductibles and co-insurances, are my responsibility.

I authorize my insurance benefits be paid directly to Hand Surgery Specialists of Nevada.

I authorize Hand Surgery Specialists of Nevada to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

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Date

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Signature

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Printed Name