

**ELLIS AND BADENHAUSEN ORTHOPAEDICS, P.S.C.  
FINANCIAL POLICY**

**INSURANCE**

We will bill your insurance company as a courtesy to you. If they do not respond to our claim within sixty (60) days, you are responsible for the entire amount of the bill. You are responsible for any amounts not paid by your insurance company, including amounts applied to deductible, non-covered charges, co-pays, and co-insurance. You will receive a monthly statement once the insurance company has paid or denied your claim OR if the insurance company has not responded within sixty (60) days of the filing of the claim.

**YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY; WE ARE NOT A PARTY TO THAT CONTRACT.**

**PAYMENT PLANS**

Payment plans are available by contacting the Bookkeeping Office at (502) 587-7269. We accept Visa, American Express, Mastercard, and Discover and can take your payments over the phone.

**MEDICARE**

We accept assignment on Medicare payments. However, Medicare will only pay for services that it determines to be "reasonable and necessary," Section 862 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under Medicare program standards, it will deny payment for that service.

**WORKER'S COMPENSATION**

We will make every effort to verify coverage on your worker's compensation claim before your visit. If, for some reason, payment is denied or claims are unpaid by the worker's compensation carrier, you are responsible for the bill. If your worker's compensation is denied and you have health insurance, we will be glad to file that for you under the conditions stated above.

**REFERRALS**

You are responsible for seeing that you have a referral for each visit, service, and supply. We will be glad to help you in this process but, should payment be denied for a lack of referral, you are responsible for the balance.

**EXPRESS PRIOR CONSENT TO WIRELESS TELEPHONE CONTACT**

By signing below, you consent and agree to receive calls and text messages at the wireless telephone number set forth below, including, but not restricted to, communications regarding billing and payment for goods and services, which could result in charges to you. **Such calls and text messages include, but are not restricted to, calls using an automatic telephone dialing system, or an artificial or prerecorded voice, or by any other form of electronic communication now known or later discovered,** from us, our affiliates, contractors, servicers, clinical providers, attorneys, or their agents, including collection agencies. **You are not required to sign this Consent or to agree to enter into this Consent as a condition of purchasing property, goods, or services from the Practice.**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PATIENT HOME ADDRESS

\_\_\_\_\_  
CELL PHONE NUMBER

\_\_\_\_\_  
DATE