

# CALVERT ORTHOPAEDIC AND SPORTS MEDICINE CENTER

*General Adult & Pediatric Orthopaedic Surgery*

*Specializing in Spine Surgery, Sports Medicine, and Total Joint Replacement*

We welcome you to the orthopaedic practice of Drs. Griffith, Cirillo, Patel, and Taliaferro. If this is your first visit for specialty care, as a private-pay patient, as a referral from a primary care physician or as a result of an auto/motorcycle accident or work-related injury this letter will briefly review our billing procedure with you. If this is not your first visit, please read as we have recently updated procedures.

1. All patients are responsible to make sure their bills are paid in a timely fashion. For your convenience we accept VISA, MasterCard, cash and checks. There is a \$37 fee for returned checks. A \$5 late fee will be added to all accounts not paid in full within 28 days. Accounts not paid in full within 90 days will be referred to an outside reporting agency for collection.
2. As a courtesy to you, we will bill your insurance if you provide us with the correct policy or claims numbers, name of insured and exact address at the time of your visit. We require a \$200 deposit if all information is not provided prior to being seen by the physician.
3. We will allow 30 days for your insurance company to make payment. Your insurance company may require additional information from you before they process your claim. Please respond promptly to their request; failure to do so will result in your claim being denied. \*You will be required to pay your balance if your insurance has not paid after 30 days. (\*does not apply to patients using HMO benefits or workers' compensation).
4. HMO/PPO patients are asked to review their particular guidelines. Coverage varies widely among individual groups. We are not aware of rules unique to every group. We make every effort to provide the care needed within your plan rules. Please do not ask to be treated without the proper referral. All patients are required to pay their co-payment at time of service. Please do not bring large denominations of currency for small payments, as we may not be able to make change.
5. For auto/motorcycle accident injuries, payment in full with advance deposit is required. Please see reverse side.
6. For work-related injuries, please see reverse side.
7. X-rays are part of your permanent medical record. You may obtain copies of your x-rays on a disk, *with prior notice*. The fee for this service is currently \$7.00 per disk and must be paid prior to receiving your disk.
8. Copies of medical records may be obtained *with advance notice*. We have retained a professional service to handle the duplication and transfer of medical records. The company performing these services is Record Reproduction Services (RRS) which can be contacted at (410) 919-9253. If you are asking for records to be delivered directly to you, for a non referred treatment or second opinion there is a \$20 charge for reproduction and delivery. Referred second opinions, continuance of care, and records sent directly to your PCP will be processed at no charge. All payments for medical records should be made to RRS.
9. If you require forms to be completed by your physician for any reason, please allow 7-10 working days for completion, provided the treating physician is available. From fees range from \$27.00-\$60.00.
10. Braces and splints are stocked in our office for your convenience. We will bill your insurance company directly for these items if they are covered; if not payment is due at time of service. A prescription will be written for the item if you prefer.

**I have read the above and accept financial responsibility for services rendered.**

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Patient/Guardian Signature

Date

Our Billing Department will assist you as need to satisfy your account. Please call our Billing Department at (866) 705-5729 or (410) 535-1343.

## AUTO/MOTORCYCLE ACCIDENTS, WORKERS COMPENSATION AND OTHER LIABILITY CASES

If injured in an automobile or motorcycle accident, we will provide service on a cash basis until we receive the PIP (Personal Injury Protection Insurance) Exhaust Letter from the insurance company responsible for payment of the claim. When the PIP Exhaust Letter is received at our office the claims will be filed with your health insurance carrier. Prior claims will remain the patient's responsibility. We do not bill automobile or motorcycle insurance nor do we wait for settlement in automobile or motorcycle related cases. If you wish to be treated for your auto or motorcycle injury, you are required to make a \$200.00 deposit before services are rendered, if you still wish to be treated. The balance, if any, for these services must be paid at the check-out desk.

Workers' compensation carrier claims will be billed if all required information is available; such as the name and address of the insurance carrier (your employer is required by law to post this information in a conspicuous place) and evidence that a claim was filed. We require you to present health insurance information in the event you require emergency care or your claim is denied. Patients are responsible for payment of denied claims and HMO patients are required to bring referrals for all visits.

For injuries that are a result of any other liability than stated above, we will bill your health insurance or you may be seen on a cash basis. We do not bill third party carriers. Patients are responsible to make sure their bills are paid in a timely fashion.