

Florida Sportsmedicine and Orthopaedics, PA Financial Policy

Thank you for choosing Dr. Talkington as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy we require you to read and sign prior to any treatment. **PAYMENT FOR SERVICE IS DUE AT THE TIME SERVICES ARE RENDERED.**

We accept cash, personal checks, MasterCard, Visa, and Discover. Returned checks are subject to a service charge (per Florida statute 832.08) of \$25.00.

Canceled Appointments

Patients who no-show for appointments may be discharged from the practice after the third occurrence. Please call to cancel appointments 24 hours prior to scheduled time.

Medical Records/X-rays

There will be a \$1.00 per page administration fee for each medical records request. Your request will be responded to within 14 business days. Patients may request a rush on their records for an additional \$20.00 fee. There is a \$20.00 fee for copies of all digital x-rays.

Insurance

Co-payments, Co-insurance, and Deductibles must be paid at the time of service. As a courtesy to you we will file your insurance claim.

Medicare

Deductibles and 20% of the allowable charges are due at the time of service. As we are Medicare providers, we will file your insurance claims. If you have a secondary insurance, please check with the front desk to see if we file with that company.

Workers' Compensation

We will file your claim with your company's insurance carrier. In the event you fail to prosecute the claim for Workers' Compensation (for this illness or condition) or it is determined by the Workers' Compensation Board that this illness or condition is not a result of a compensable Workers' Compensation case, you agree to pay the usual and customary fees for services rendered to you .

Minors

Payment is due at the time of service no matter who is responsible by order of the divorce decree. Unaccompanied minors cannot be treated in this office.

Financial Agreement

We will gladly discuss your proposed treatment and do our best to answer any questions relating to your insurance activity. You must realize, however that:

1. Your insurance is a contract between you, your employer, and the Insurance Company. We are not a party to that contract.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

I have read, understand and agree to the above page Financial Policy. This is a lifelong signature.

Signature of Patient

Date