

ROOSEVELT SURGICAL ASSOCIATES, INC
4040 ROOSEVELT BOULEVARD
MIDDLETOWN, OHIO 45044

OFFICE POLICY

- 1.) All non-covered office visit fees or co-pays are expected to be paid the day of service. ***There will be a \$25.00 service fee if we have to bill you for your co-pay.*** We do the billing free of charge for you and submit it to your insurance company. Your insurance company will send you an Explanation of Benefits (EOB), which will explain your out of pocket responsibility. It will show their payment to us as well as our discount to you for being contracted with your insurance company.

We charge a \$15.00 fee to complete each form.

- 2.) Some surgical procedures are considered elective and therefore, not all insurance companies pay for them. You should check with your insurance company to be assured of payment.

It is up to you to inform our office if your insurance requires *PRIOR AUTHORIZATION OR A SECOND OPINION*. Please remember that insurance is to help you pay your bill. Sometimes it does not pay the entire amount. Therefore, you are responsible for the remaining balance. We realize that during illness, bills tend to mount up and if you find yourself in this situation, please contact our office so we can arrange some type of payment plan. We want to work with our patients to keep the accounts up to date. Credit reports may be done to assure proper payment. All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments. However the patient (responsible party) is ultimately responsible for all fees in the event insurance does not cover all charges in full; taking into consideration all mandatory write-offs by Medicare and other carriers, insurance authorization and assignment.

- 3.) All MEDICARE patients should be aware that even with Medicare and secondary insurance, your surgery may not be covered in full.
- 4.) Please be advised that surgery dates and times are subject to change up to the time of surgery. We are sorry for any inconvenience this may cause, but due to the tight surgical schedule and emergency procedures that may arise at the hospital, your surgery time and date may have to be changed.

So that we may assist all our patients in a timely fashion, if you must change or cancel your appointment, we ask that you notify us at least 48 hours in advance.

IF YOU DO NOT SHOW FOR YOUR APPOINTMENT, YOU WILL BE CHARGED \$50.

Signature_____ Date_____