

Alaska Orthopaedic Specialists, Inc

Please review the following policies and acknowledge receipt by your signature

FINANCIAL INFORMATION

Charges:

- We expect payment in full for your first visit.
- If your injury is related to an auto accident or third party injury we require payment in full at **each** visit.

Insurance billing

- It is your responsibility to provide us with correct insurance information for billing purposes.
- Alaska Orthopaedic Specialists, Inc. is not a preferred provider with any insurance company. We will bill your insurance as a courtesy. All balances not paid by your insurance are due upon receipt of bill from AOS.
- We will bill your insurance for surgical procedures, but may require a deposit prior to your surgery. A patient account representative will discuss this in detail if surgery is required.
- It is your responsibility to contact your insurance company if a claim is denied, paid at a lower rate than you expected or if it has not been paid within 45 days. Charges not paid timely by your insurance will become your responsibility.
- It is your responsibility to contact your insurance company for benefit verification. It is also your responsibility to respond to all request for information you receive from your insurance company.

Overdue Accounts

- If your account has a patient balance, it is your responsibility to make arrangements to pay the balance.
- Accounts with a patient balance that are not paid within 60 days may be turned over to an outside collection agency. This action may affect your credit.

Authorization and Release

I have read and understand the information above. I understand that I am financially responsible for all charges, whether or not they are covered by my insurance. I authorize this clinic to release to my insurance carrier any medical information needed to obtain payment for services rendered. I hereby assign to the physician payments for medical services rendered to myself or my dependents.

****Signature**:** _____
Patient / Responsible party

Date: _____

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

- I hereby acknowledge that I have been offered, received or viewed a copy of Alaska Orthopaedic Specialists, Inc (AOS) Notice of Privacy Practices (NPP).
- With my consent, AOS may use and disclose protected health information about me to carry out treatment, payment and healthcare operations as discussed in the NPP.
- With my consent AOS may call my home or other designated location and leave a message on voice mail or in person in reference to any items that may assist the practice in providing my healthcare.
- With my consent, AOS may mail or email to my home or other designated location any items that assist the practice in providing my healthcare.
- I may revoke my consent in writing except to the extent that the practice has already made disclosures relying upon my prior consent. If I do not sign this consent, AOS may decline to provide treatment to me.

****Signature**:** _____
Patient / Responsible party

Date: _____

For Clinic Use

_____ Patient refused to sign Patient unable to sign because _____

Employee Signature: _____

Date: _____



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Dear Medicare Patients:

As of September 1, 2008, our office will no longer be accepting Medicare Insurance. This does not mean that we will end our professional services to you or the excellent care you will receive from us. It does mean Medicare will no longer pay for any of the services we provide and you can not submit claims to Medicare for the services we provided. This includes office visits, KT2000 test, and fees for surgical procedures.

We have decided to end our contract with Medicare due to the increasing government regulations regarding your medical care. Each year the federal government has increased the administrative burdens of providing care to Medicare patients with new regulations and imposed requirements. This environment has made it very difficult to deliver the quality of medical care that we strive for all our patients. In order for us to be able to continue providing care we will have you sign a Medicare Private Contract. Any patient that signs a contract with our office will not be giving up any benefits they are eligible for under Medicare elsewhere.

Please be assured that if you have any emergency or urgent health care situation in the hospital we can still treat you and bill Medicare on your behalf, because emergency care services will continue to be covered by Medicare insurance.

We would like to continue our relationship with you as our patient and also understand that you have every right to choose another provider for your care. However we believe that we have an excellent relationship, and that you receive the highest level of care available and we do hope that you will continue to choose to be our patient.

Thank you,

David A. McGuire, MD