



PATIENT FINANCIAL POLICY

Patient Name: _____ **DOB:** _____

Thank you for choosing Nashville Hip Institute for your medical care! We are committed to the success of your medical treatment and care. Please understand that a mutual financial understanding is part of our relationship.

We sincerely hope that by sharing our financial expectations that we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the policies listed below, please feel free to contact our billing department at 615-284-5800.

Payment is Due at the Time of Service

- We accept cash, checks, debit and credit cards, and Care Credit.
- All co-payments, deductibles, and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment.
- Insurance required co-payments are due when you check in for your appointment.
- If your co-payment is based on a percentage (example: 20% of the allowed payment) and you do not have a secondary policy, please be prepared to pay \$100.00 on the date of service.
- Patient-responsible balances are due when you check in for your appointment. Our billing staff will assist you in making payment arrangements.
- In the event you need surgery, we will provide you an estimate of your insurance required deductible and co-insurance amounts. This amount will due at the time of scheduling your procedure.
- We request that at least **24 hour** advance notice be given to the office if you will be unable to keep your scheduled appointment. This allows us to release your appointment time to another patient.

Proof of Insurance

- Please bring your insurance card(s) and a valid photo ID with you to each appointment.
- It is your responsibility to notify the practice of changes in your health insurance.

Self-Pay Accounts

We designate accounts to be, **Self-Pay** under the following circumstances: (1) patient does not have health insurance coverage, (2) patient does not have a current, valid insurance card on file, or (3) patient does not have a valid insurance referral on file.

Referrals

- If you have an HMO plan we are contracted with, you need a referral authorization from your primary care physician. If we have not received an authorization prior to your arrival at the office, call your primary care physician to obtain it. Without an insurance required referral, the insurance company will deny payment for services. As such, if you are unable to obtain the referral at that time, you will be rescheduled or asked to pay for the visit in advance.

Financial Assistance

- Our practice treats patients regardless of financial status. We offer assistance in the form of a sliding scale discount of charges based on verifiable household income.

Divorce and Child Custody Cases

- In cases of divorce, the individual who receives care is responsible for payment of co-payments, coinsurance, deductibles, and nonparticipating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.
- The parent who brings the child to the office for care is responsible for payment at the time of service no matter if the account is self-pay, participating insurance, or nonparticipating insurance. The practice does not honor divorce specifics (e.g., *percentage of financial responsibility*).
- If the child has coverage with a participating insurance plan and the proper insurance identification is present at the time of service, the practice will bill that insurance company. Applicable co-payments, coinsurance, and/or deductibles are due at the time of service unless arrangements have been made with the office prior to arrival.

Billing, Payments and Refunds

- All balances are due in full within 14 days of the statement date.
- If you cannot pay the balance in full within 14 days, please contact our billing department to see if you qualify for special payment options.
- It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund if there are no other outstanding balances on other accounts with the same guarantor or financially responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, or take other collection action.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility.

I authorize my insurance benefits be paid directly to Nashville Hip Institute.

I authorize Nashville Hip Institute, through its appropriate personnel, to perform or have performed upon me, or the above named patient, appropriate assessment and treatment procedures.

I authorize Nashville Hip Institute to release to appropriate agencies, any information acquired in the course of my or the above named patient's examination and treatment.

I authorize Nashville Hip Institute to contact and discuss my personal health information with:

Name: _____ Relationship _____

Name: _____ Relationship _____

X Patient/Guarantor Signature _____ Date _____

Acknowledgement of Nashville Hip Institute Notice of Privacy Practices

I hereby acknowledge that I have reviewed, received, or have been given the opportunity to receive a copy of Nashville Hip Institute Notice of Privacy Practices.

X Patient Signature _____ Date _____

FINANCIAL ASSISTANCE POLICY

Nashville Hip Institute is committed to providing quality healthcare to all of our patients in the most cost-effective manner. We are sensitive to the needs of our uninsured patients as well as our patients who are experiencing financial hardships. As such, we are pleased to announce the following options:

CareCredit

Patients who will be undergoing surgery, or who have balances over \$300, are encouraged to apply for financing through CareCredit. Applying for Care Credit can help you pay for surgery scheduling, deposits or services that are not covered by your insurance policy or to meet your high deductible health plan obligations. Care Credit is a card accepted by physicians, dentists, eye doctors and vets.

Nashville Hip offers patients the 6 and 12 month **no interest plans**. You will pay no interest as long as you make the minimum monthly payments and pay the full amount due by the end of the promotional period.

You can apply by calling 1-800-677-0718 or online by visiting www.carecredit.com/apply.

You'll need the following information to apply and will receive notice of the amount you are approved for in less than 45 seconds.

- Doctor's name
- Address
- Date of Birth
- SSN or ITIN
- Net income
- Housing information

Self-pay discounts

For our uninsured patients, we are pleased to offer a 25% discount for full payment at the time of service. However, if you are unable to pay your balance in full, we encourage you to apply for CareCredit.

Payment plans

If a payment plan is needed the patient should request to meet with a member of the patient services team.