

PATIENT FINANCIAL POLICY

Midwest Orthopedics Foot & Ankle, P.A. (“MOFA”) wants to thank you for choosing Dr. Bonar for your orthopedic needs. It is the patient’s responsibility to provide their most current demographic and insurance information at each visit. If your insurance denies coverage, you will be personally responsible for payment of MOFA’s charges. If you are not covered under any insurance, you may be accepted as a "self-pay" and pre-payment is required.

Co-Payments: Your insurance plan determines your co-pay. Your co-pay is due at each visit.

Referrals: If your insurance plan requires a referral from your Primary Care Physician, it is the patient's responsibility to call their insurance company and obtain any required referrals prior to their appointment. Failure to obtain required referrals may result in your insurance company denying coverage or paying only out-of-network benefits. You will be responsible for all MOFA charges not covered by your health insurance.

In-Network/Out-of-Network: It is the patient’s responsibility to determine whether Dr. Bonar is in or out of network for their insurance policy. Patients will be responsible for any charges not covered by their insurance as a result of Dr. Bonar not being in network.

Motor Vehicle Accident/Personal Injury Claims: Prior to your appointment, you must notify MOFA if your injury is the result of a Motor Vehicle Accident or Personal Injury involving a potentially liable party. If your injury is the result of such an event you will be considered self-pay and pre-payment is required prior to seeing Dr. Bonar. If we are not informed of the accident you will be personally responsible for all MOFA charges denied or “taken-back” by your health insurance.

Workers Comp Claims: Prior to your appointment, you must notify MOFA if your injury is a result of a work-place injury. Your employer, workers compensation insurance company, or attorney must authorize your treatment in writing before your appointment.

Disability/FMLA/Insurance etc. Forms: To cover the costs of our staff’s labor, completion of each form requires a prepayment of \$25.00 for the first page and \$5.00 for each additional page. Please allow 7-10 business days from receipt of the prepaid fee for the forms to be completed.

Medical Records: MOFA charges \$24.85 (base fee) plus \$0.57 per page. MOFA charges \$5.00 per printed x-ray to cover costs of supplies and labor. All charges must be prepaid. Please allow 7-10 business days from receipt of the prepaid charge for medical records to be available to pickup/fax/send. Copies of x-rays cannot be faxed.

Cam (Walker) Boots, Night Splints, Cast Covers: Walker boots and night splints are often not covered by health insurance. For this reason, we charge \$85 for cam boots and \$60 for night splints – payment is due at check-out. We will submit claims to your insurance company for walker boots and night splints. If your insurance company pays for the boot or night splint we will apply your payments to any outstanding patient balances and send you a refund if there is any remainder.

Returned Check Fee: Any returned check from the bank for non-payment (insufficient funds) shall result in the patient's account being charged a \$25.00 fee per check returned.

By signing below you attest that you have read and fully understand MOFA’s Patient Financial Policy. If you do not make payment for services owed, MOFA will take all necessary and appropriate action to collect any money due on your account, but not limited to the use of collection agencies or attorneys. You will be responsible for any and all fees associated with these collection efforts.

Signature of Patient/Guardian: _____ Date: _____

Printed Name of Patient/Guardian: _____