

Mapleton Hill Orthopaedics  
Financial Policy

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and initial your understanding of the following information. If you have any questions, please do not hesitate to ask, we are always willing to help. It is important that you understand the financial policies of Mapleton Hill Orthopaedics and that you understand how your insurance company will handle your claims.

**It is your responsibility to provide Mapleton Hill Orthopaedics with current and correct insurance information.** Failure to do so could result in your insurance company rejecting your claims for failure to obtain authorization, or timely filing. In the event this should happen you may be responsible for the incurred charges.

\_\_\_\_\_ Initials

**You will be charged a \$35 fee for appointments that are not canceled a minimum of 24 hours prior to the appointment time.** You will be expected to pay for appointments that you did not provide sufficient notice for – BEFORE you are seen for your next appointment.

\_\_\_\_\_ Initials

**Waiver Agreement: If you are covered under an insurance plan that requires a primary care physician referral; either a formal form or a written note; it is your responsibility to be sure that our office has that information.** If you agree to be seen without that referral in place in our office, you are bypassing your health insurance and may be responsible for the entire bill for services. You can call your primary care physician after leaving this appointment and request the referral be sent over which can then help cover your visit by your insurance company. **Even if you don't currently have an insurance plan that requires the referral at this time, we ask that you read and sign this policy in case your company switches to an insurance company of this nature – this helps us know that you are aware we have this policy.** By initialing this waiver you are agreeing that you could be fully financially responsible for your visit should it be denied by your insurance company for no referral.

\_\_\_\_\_ Initials

Mapleton Hill Orthopaedics participates with most major insurance companies. If we know that we do not participate with your insurance we make every attempt to communicate this information to you. **However, it is your responsibility to verify your coverage and adhere to the restrictions of your plan. This could include services that are not a benefit of your plan.** Please check with your insurance company for any and all questions you might have on different types of services. **If appointments are made that are not covered by your insurance plan, you will be responsible for payment.**

\_\_\_\_\_ Initials

Mapleton Hill Orthopaedics **PRESCRIPTION REFILL POLICY** – We require **24-48 hours notice** for Rx refill requests to be processed. **PLEASE NOTE:** Our physicians do not refill narcotic medications after hours or on weekends. Please plan your requests appropriately.

\_\_\_\_\_ Initials