

STEINGART ORTHOPEDICS, P.C.
FINANCIAL POLICY

As a courtesy, we will bill your insurance for all medical fees. However, we require that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service. It is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays. Failure to provide accurate billing information at the time of service will result in all fees becoming patient responsibility. It is your responsibility to promptly provide your insurance company with any requested information needed to process your claim within a timely manner. Failure to provide requested information to your insurance company within 30 days of such request will result in all fees becoming patient responsibility.

- **Balances Due After Insurance Pays:** If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payments not made within 30 days are considered Past Due. Payments not made within 60 days are considered Delinquent.
- **Delinquent Accounts and Waiver of Confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.
- **Notice of “Non-Covered” services:** Patients are fully responsible for services performed at Steingart Orthopedics, P.C. that are considered “non-covered” services by a patient’s insurance carrier.
- **Surgery Deposit Required:** Prior to surgery, our office verifies your insurance benefits and obtains appropriate authorizations from your insurance company. Once your insurance company determines your deductible, co-payment, and/or co-insurance amounts due for your planned surgical procedure, our office will collect the full amount of your expected patient liability **prior** to your planned surgery.
- **Medicare:** If you have regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit. If you have regular Medicare as primary, but no secondary insurance: Payment of your 20% co-pay is requested at the time of the visit.
- **Workers Compensation:** Call your carrier ahead of time to verify the accident date, claim number, primary care physician, employer information, and referral procedures. If we have verified the claim with your carrier then no payment is necessary at the time of the visit. If we are not able to verify your claim then payment in full is requested at the time of the visit. If your claim is denied, you will be responsible for payment in full.
- **Personal injury:** If you are being treated as part of a personal injury lawsuit or claim, we require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient’s responsibility. We can not bill your attorney for charges incurred due to a personal injury case. You also acknowledge that we may have a lien on any personal injury settlement or recovery pursuant to N.C.G.S. 44-49, et seq and you authorize your attorney or liability carrier to pay those lien amounts to us out of any settlement proceeds without further authorization from you.
- **Referrals:** If your insurance has designated a primary care physician (PCP), you are most likely required to have prior authorization from your PCP prior to your office visit. If this authorization is not provided at the time of your appointment, you will be required to reschedule your appointment.
- **Out of Network/Non-Participating Insurance:** If we are not in network with your insurance carrier, we will bill your carrier as a courtesy. If payment is not received within 60 days, the balance becomes your responsibility. You, the patient, will have to contact your insurance company to determine why payment has not been made. Please be aware, you may incur more out of pocket expenses for seeing a doctor out of network. It is your responsibility to check with your insurance company for benefits.
- **Insurance Forms, Medical Records, and Disability Forms:** We charge an administrative, upfront fee for completing insurance forms, medical records requests, and for completing disability verification forms. Please be aware that these services may require up to 7 to 10 days to complete.
- **Transferring of Records:** You will need to request in writing, and pay a reasonable, administrative, upfront fee if you want to have copies of your records sent to another doctor or organization.
- **Missed Appointment Fee:** If a patient cancels with less than 24 hours notice, we have the right to charge a \$35.00 fee. This fee must be paid before a new appointment is scheduled.
- **Returned Check:** In the event that we receive a returned check due to insufficient funds, a \$30.00 fee will be charged to your account.
- **Forms of Payment:** For your convenience, we accept cash, check, MasterCard, and Visa. Our billing representatives will be happy to explain these services to you.

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 co-payments and deductibles, are my responsibility.

Print Name: _____ Signature: _____ Date: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW STEINGART ORTHOPEDICS, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Steingart Orthopedics, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Steingart Orthopedics, P.C. or received by Steingart Orthopedics, P.C. from other healthcare providers. We are required to provide you with the notice of our legal duties and privacy practices with respect to your protected health information. Those legal duties and privacy practices are described in this Notice. Steingart Orthopedics, P.C. will abide by the terms of this Notice or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

Steingart Orthopedics, P.C. may use and disclose your protected health information, without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosures of treatment records which include registration and all other records concerning individuals who are receiving, or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence. There are also restrictions on disclosing HIV test results.

Treatment may include:

- Providing, coordinating, or managing healthcare and related services by one or more healthcare providers;
- Consultations between healthcare providers concerning a patient;
- Referrals to other providers for treatment;
- Referrals to nursing homes or home health agencies

For example, Steingart Orthopedics, P.C. may determine that you require the services of a specialist. In referring you to another doctor, Steingart Orthopedics, P.C. may share or transfer your healthcare information to that doctor.

Payment activities may include:

- Activities undertaken by Steingart Orthopedics, P.C. to obtain reimbursement for services provided to you.
- Determining your eligibility for benefits or health insurance coverage.
- Managing claims and contacting your insurance company regarding payment.
- Collection activities to obtain payment of services provided to you.
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of care, or justification of charges.
- Obtaining pre-certification and pre-authorization of services to be provided to you.

For example, Steingart Orthopedics, P.C. will submit claims to your insurance company on your behalf. This claim identifies you, your diagnosis, and the services provided to you.

Healthcare operations may include:

- Contacting healthcare providers and patients with information about treatment alternatives.
- Conducting quality assessment and improvement activities.
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination;
- Conducting or arranging for medical review, legal services, and auditing functions.

For example, Steingart Orthopedics, P.C. may use your diagnosis, treatment, and outcomes information to measure the quality of the services that we provide, or assess the effectiveness of your treatment when compared to patients with similar situations.

Steingart Orthopedics, P.C. may contact you, by telephone or mail, to provide appointment reminders. You must notify us if you do not wish to receive appointment reminders. We may not disclose your protected health information to family members or friends who may be involved with your treatment or care without your written permission. Health information may be released without written permission to a parent, guardian, or legal custodian of a child; the guardian of an incompetent adult; the healthcare agent designated in an incapacitated patient's healthcare; power of attorney; or the personal representative or spouse of a deceased patient.

There are additional situations when Steingart Orthopedics, P.C. is permitted or required to use or disclose your protected health information without your consent or authorization. Examples include the following:

- As permitted or required by law: In certain circumstances we may be required to report individual health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries. We are required to report gunshot wounds or any other wound to law enforcement officials if there is a reasonable cause to believe that the wound occurred as a result of a crime. Mental health records may be disclosed to law enforcement authorities for the purpose of reporting an apparent crime on our premises.
- For public health activities: We may release healthcare records, with the exception of treatment records, to certain government agencies or public health authority authorized by law, upon receipt of written request from that agency. We are required to report positive HIV test results to the state epidemiologist. We may also disclose HIV test results to other providers or person when there has been or will be a risk of exposure.

- We may report to the state epidemiologist the name of any person known to have been significantly exposed to patients who test positive for HIV. We are required by law to report suspected child abuse and neglect and suspected abuse of an unborn child, but cannot disclose HIV test results in connection with the reporting or prosecution of alleged abuse or neglect. We may release healthcare records, including treatment records and HIV test results, for the purpose of reporting elder abuse or neglect, provided the subject of the abuse or neglect agrees, or if necessary to prevent serious harm. Records may be released for the reporting of domestic violence if necessary to protect the patient or community from imminent and substantial danger.
- **For health oversight activities:** We may disclose healthcare records, including treatment records, in response to a written request by any federal or state governmental agency to perform legally authorized functions, such as management audits, financial audits, program monitoring and evaluation, and facility or individual licensure or certification. HIV test results may not be released to federal or state governmental agencies, without written permission, except to the state epidemiologist for surveillance, investigation, or to control communicable diseases.
- **Judicial and Administrative Proceedings:** Patient healthcare records, including treatment records and HIV test results, may be disclosed pursuant to a lawful court order. A subpoena signed by a judge is sufficient to permit disclosure of all healthcare records except for HIV test results.
- **For activities related to death:** We may disclose patient healthcare records, except for treatment records, to a coroner or medical examiner for the purpose of completing a medical certificate or investigating a death. HIV test results may be disclosed under certain circumstances.
- **For research:** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- **To avoid a serious threat to health or safety:** We may report a patient's name and other relevant data to the Department of Transportation if it is believed the patient's vision or physical or mental condition affects the patient's ability to exercise reasonable or ordinary control over a motor vehicle. Healthcare information, including treatment records and HIV test results, may be disclosed where disclosure is necessary to protect the patient or community from imminent and substantial danger.
- **For worker's compensation:** We may disclose your health information to the extent such records are reasonably related to any injury for which worker's compensation is claimed.

Steingart Orthopedics, P.C. will not make any other use or disclosure of your protected health information without your written authorization. You may revoke such authorization at any time, except to the extent that Steingart Orthopedics, P.C. has taken action in reliance thereon. Any revocation must be in writing.

Your Rights Regarding Your Protected Health Information

You are permitted to request that restrictions be placed on certain uses or disclosures of your protected health information by Steingart Orthopedics to carry out treatment, payment, or healthcare operation. You must request such a restriction in writing. We are not required to agree to your request, but if we do agree, we must adhere to the restriction, except when your restricted health information is needed in an emergency treatment situation. In this event, information may be disclosed only to healthcare providers treating you. Also, a restriction would not apply when we are required by law to disclose certain healthcare information.

You have the right to review and/or obtain a copy of your healthcare records, with the exception of psychotherapy notes, or information compiled for use (or in anticipation of use) in a civil, criminal, or administrative action or proceeding. Steingart Orthopedics, P.C. may deny an access under other circumstances, in which case you have the right to have such a denial reviewed. We may charge a reasonable fee for copying your records.

You may request that Steingart Orthopedics, P.C. send protected health information, including billing information, to you by alternative means or to alternative locations. You may also request that Steingart Orthopedics, P.C. not send information to a particular address or location or contact you at a specific location, perhaps your place of employment. This request must be submitted in writing. We will accommodate reasonable requests by you.

You have the right to request that Steingart Orthopedics, P.C. amend portions of your healthcare records, as long as such information is maintained by us. You must submit this request in writing, and under certain circumstances the request may be denied.

You may request to receive an accounting of the disclosures of your protected health information made by Steingart Orthopedics, P.C. for the six years prior to the date of the request, beginning with disclosures made after April 14, 2003. We are not required, however, to record disclosures we make pursuant to a signed consent or authorization.

Any person or patient may file a complaint with Steingart Orthopedics, P.C. and/or the Secretary of Health and Human Services if they believe their privacy rights have been violated. To file a complaint with Steingart Orthopedics, P.C., please contact our Office Manager at the following:

Livia Steingart, Office Manager, 16601 North 40th Street, Suite 210, Phoenix, Arizona 85032, Phone: 602-923-8500

It is the policy of Steingart Orthopedics, P.C. that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance or violation of the privacy standards.