

# Financial Policies - Orthopedic Center of Florida

## PATIENT COPY

We are pleased that you have chosen Orthopedic Center of Florida for your medical care. Our goal is to provide you with the highest level of professional medical care possible, while keeping medical costs reasonable. In an effort to provide quality medical services, we have established the following credit and payment policies.

### *If You Do Not Have Insurance Coverage*

We accept cash, debit, personal check, money order, American Express VISA, Discover, and MasterCard payments.

### *If You Do Have Insurance Coverage*

We will submit claims on your behalf to your primary and secondary insurance carriers. When insurance information is unavailable or invalid insurance is provided at the time of service, the patient or their legal guardian is responsible for all charges incurred. Your insurance contract is between you and your carrier. Any remaining patient balance after your insurance carrier(s) has made payment is due immediately upon receipt of your Orthopedic Center of Florida account statement. Patients or their legal guardian are required to bring a photo ID, their current insurance identification card(s) and the applicable co-payment, coinsurance and deductible to each appointment.

It is your responsibility to obtain the appropriate authorization if it is required for your visit. OCF will help you in your request for an authorization from your primary care physician or PCP.

If you have questions or concerns about your insurance coverage, please call your carrier. It is the responsibility of each patient or their legal guardian to understand the terms and conditions of their insurance plan(s).

### *Missed and Cancelled Appointments*

Our Clinics request that you notify us 24 hours in advance when canceling a scheduled appointment. This allows other patients with medical needs to be seen. We reserve the right to charge a fee of \$25 for any appointment missed or cancelled without reasonable notice.

### *Financial Responsibility*

Patients or their legal guardian are financially responsible for all services received. If you do not pay your co-payment at the time of service, a \$25 billing fee may be charged. Overdue accounts are subject to a rebilling fee of \$10 per month and may be placed on a cash payment basis for future appointments. If you are required to pay for treatment at the time of service, but are unable to do so, your appointment may be rescheduled. A \$25 fee will be assessed for any check returned by your bank for any reason. Failure to meet your financial responsibility may result in collection or legal actions. Accounts that are turned over to a collection agency may be assessed a collection account fee of 10% of the outstanding balance.

### *Care Credit*

Please contact our billing department to apply for a Care Credit Card or [www.carecredit.com](http://www.carecredit.com)

Bonita Community Health Center  
3501 Health Center Boulevard  
Bonita Springs, FL 34135  
PHONE (239) 985-3337  
FAX (239) 482-7585



In the Stonegate Bank Building  
12670 Creekside Lane  
Fort Myers, Florida 33919  
PHONE (239) 482-2663  
FAX (239) 482-7585

Fort Myers