

## Allen Orthotics & Prosthetics, Inc. Insurance, Billing and Payment Policies

As part of our commitment to you, we will make every effort to verify your benefits before rendering services. However, insurance verification or authorization is not a guarantee of insurance payment. The information we obtain only allows us to provide you with a preliminary *estimate* of any amount due by at the time of delivery. The patient portion is subject to change based on final claim determination by the insurance carrier or their sub-contractors. Our staff is available to answer billing questions, so please ask.

Your financial responsibility depends on a variety of factors, explained below:

Insurance / Payor	Your Responsibility	Our Responsibility
<b>Insurance Plan contracted with us</b>	<p>If the services you receive are covered by the plan, then your portion (deductibles, co-insurance, etc.) is due on or before the date of delivery.</p> <p>If the services you receive are not covered by the plan, then payment in full is due on or before the date of delivery.</p>	<p>Contact your insurance plan to obtain your eligibility, benefit information and patient estimated portion (deductibles, co-insurance, etc...). Notify you of your <i>estimated</i> co-insurance, if applicable.</p> <p>Submit your insurance claim.</p>
<b>Insurance Plan NOT contracted with us or NOT an "In-Network" Plan</b>	<p>Payment in full on or before the date of delivery.</p>	<p>Contact your insurance plan to obtain your eligibility, Out-of-Network benefit information and <i>estimated</i> co-pay.</p> <p>Submit your insurance claim if your plan agrees to pay us directly.</p>
<b>Medicare Part B</b>	<p>If you have Medicare Part B and have not met your deductible, then we ask that it be paid on or before the date of delivery.</p> <p>If you do not have a supplement or secondary insurance, the Medicare co-insurance amount is due on or before the date of delivery.</p> <p>Payment for any services not covered by Medicare on or before date of delivery.</p>	<p>Contact Medicare supplement or secondary insurance plan (if applicable) to obtain your eligibility and benefit information. Notify you of your <i>estimated</i> co-pay, if applicable.</p> <p>Submit your insurance claim to Medicare, as well as to your secondary insurance.</p>
<b>Medicaid</b>	<p>Provide your current monthly insurance information.</p> <p>Payment for any services not covered by Medicaid on or before the date of delivery.</p>	<p>Contact appropriate Medicaid Plan to obtain your eligibility, benefit information and obtain prior authorization, if applicable.</p>
<b>Worker's Comp</b>	<p>Provide your complete claim information.</p> <p>Payment for any services not authorized by Worker's Comp on or before the date of delivery.</p>	<p>Call your Worker's Comp plan to obtain eligibility, benefit information and obtain prior authorization, if applicable.</p>
<b>VA or DARS</b>	<p>Provide your current information.</p> <p>Payment for any services not covered on or before the date of delivery.</p>	<p>Contact appropriate Payor to obtain your eligibility, benefit information and obtain prior authorization, if applicable.</p>
<b>No Insurance</b>	<p>Payment in full due on or before delivery.</p>	<p>Advise you of charges for services.</p>

***We accept payment by Cash, Check or Credit Card.***

*There is a \$25 returned check fee.*

All custom fabricated devices are NOT subject to refusal. Your request to obtain our services is understood when you accept the financial responsibility for services.

Charges not covered by your insurance plan, as well as applicable co-payments and deductibles, are your responsibility.

Charges not covered because of your failure to provide additional information requested by your insurance to process the claim are your responsibility and will billed to you.

Our staff is available to answer billing questions, so please ask.

F/AOP/Forms/PI/2014