



NEW PATIENT – OFFICE POLICY

THANK YOU FOR CHOOSING ALTA VIEW SPORTS MEDICINE CENTER!

We would like to welcome you as a patient, and we appreciate the opportunity to care for your orthopedic needs. The following is an outline of our office policies. Please read this carefully and sign at the bottom of the next page. If you have any questions, please ask the office staff for clarity.

ABOUT INSURANCE

Your insurance policy is a contract between you and your insurance company. The patient's co-payment is due at the time services are rendered. Patients who carry health insurance should remember that professional services are rendered and charged to the patient. It is the patient's responsibility to have proof of insurance: name, address, and member number. If the patient does not have proof of insurance, the patient will be billed personally. Your insurance helps you pay the bill, but the balance is ultimately your responsibility. **PLEASE** read and understand your policy carefully. Many policies have limitations or restrictions. If your policy requires pre-authorization, co-payments, referrals, or restricts which doctors you can see, it is **YOUR** responsibility to honor the policy guidelines or risk paying a greater amount of your bill personally. Of course, if you have a specific problem or question, our business office will be happy to assist you. As part of our service to you, we will submit all of our insurance charges for you to our primary and secondary insurance. If a credit balance results, and after all claims have been satisfied, your account will be reviewed and a refund will be made to the appropriate party.

Every effort is made to keep the total cost of treatment to a minimum. Our fees are in keeping with the demographic area and other specialists in the community. We are happy to make payment arrangements for any balance still owing after your insurance company has paid its portion of your bill. This can be arranged by contacting our billing department at the number shown below, or by speaking with our front office staff during your visit.

BILLING DEPT. # 571 – 4018

FOLLOW-UP VISITS

Follow up visits are included in the global fee for the surgery. However, x-rays, product/supplies and any further procedures are chargeable items. When you come for a follow-up visit, please have your questions, forms, and/or requests for any supplies, or medications ready to discuss with the doctor or medical assistant. If you need to speak with a medical assistant between visits, you may reach them by dialing 571-9433.

CANCELLATION OF APPOINTMENTS

We would appreciate 24-hour notice for a cancellation as a courtesy to other patients who may be waiting for appointments. We understand that conflicts come up, and we will be happy to reschedule your appointment for a time that is more convenient. However, if you are a **“NO SHOW”** more than once without a phone call, we reserve the right to bill you for that appointment because we held it open for you.

A V S M
9844 SOUTH
1300 EAST
SUITE 100
SANDY, UTAH
84094
(801) 571-9433
FAX (801) 572-5607
info@altaviewsportsmedicine.com

S N O W B I R D
N O V - M A Y



PAYMENT POLICY

ALL CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE. It is not our policy or our contractual agreement with your insurance company to bill co-payments on your monthly statement. If you choose not to pay your co-payments at the time of service, we reserve the right to add a \$5.00 charge to you for costs incurred in carrying this amount due over 60-days. The only exception to this policy is if you have secondary insurance. Your secondary insurance will usually cover your co-pays.

If you do not have insurance coverage, we request that payment be made at the time of your visit. However, if you are unable to pay the entire balance, we will accept a partial payment on your first visit and set up arrangements for the balance. You may sign a payment plan and make payments within each 30-day billing period until the balance is paid in full. Service charges will automatically be added to any account over 90-days past your payments. This same policy applies to the balance of insured patients after their insurance has paid their portion.

If you need surgery, we will preauthorize your procedure, let you know what your benefits are, and what your approximate balance will be. Self-pay patients must make a pre-payment for a portion of the surgery charge **BEFORE** surgery can be scheduled, and you will have to sign a written payment agreement for the balance. The only exception to the self-pay surgery policy is if the need for surgery is life threatening.

FINALLY

Out of necessity, this office reserves the right to call patients back for their appointment out of order for reasons that may include:

- ~ Emergencies
- ~ Acute injuries that require immediate attention
- ~ Certain pediatric or elderly patients
- ~ Patients requiring a specific room or procedure

Our office realizes that your time is valuable. However, due to the nature of an orthopedic practice, and the acute injuries that this office provides treatment for, delays are sometimes unavoidable. We ask that you please trust our staff's judgment. We THANK you for showing patience and understanding!

I UNDERSTAND AND ACCEPT THESE TERMS.

SIGNATURE OF RESPONSIBLE PARTY OR GUARDIAN DATE

****Please sign and return this copy to the front desk. We are happy to provide you with a personal copy to take with you upon request.**

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