

Florida Sportsmedicine and Orthopaedics, P.A. financial policy

Thank you for choosing Dr. Talkington as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy we require you read and sign prior to any treatment.

PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, VISA AND MASTERCARD.

Regarding Insurance

Your insurance is a method for us to receive payment for services rendered. Having insurance is NOT a substitute for payment. It is your responsibility to pay the deductible, co-payment, and any other balance not paid by your insurance company. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

Be aware that some of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Past due account over 60 days are subject to a \$10 monthly fee late fee.

Participating v/s Non-participating Provider

All co-payments and deductibles are due at the time of service. It is the responsibility of the patient to insure that James Talkington, M.D. is a provider on your insurance plan.

Medical Records/X-rays

I hereby authorize Florida Sportsmedicine and Orthopaedics, P.A. to release the records and other information acquired in the course of my examination or treatment to any physician, third party carrier, and myself. It is understood and agreed that the amount paid for the x-rays is for the interpretation only and not the actual x-ray films.

We request a 48-hour notice for any record retrieval. If you wish to have copies made to take X-rays off-site, we can arrange this (for an additional fee) but require 15 working days notice. This service is provided by an outside vendor. No original records or X-rays are to leave our office.

Personal Injury Lien

Patient hereby grants Provider a lien against any proceeds resulting from any claim the patient has or may have against party whose negligence may have against the proceeds of any insurance policy or health care plan to which the patient is entitled as a result of services rendered to the patient by the provider. Said lien shall not exceed the total amount of expenses incurred by the patient for services rendered.

Minor Patients

The adult accompanying a minor patient (and/or parent/guardian) is responsible for payment at the time of service. Unaccompanied minors cannot be treated in this our office.

Forms and Canceling/Rescheduling of Surgery

There is a \$20 charge for completion of all forms. This is to be prepaid without exception.

Surgery must be canceled or rescheduled at least five business days in advance. There is a \$200 cancellation fee if you fail to provide us with this notice.

Thank you for understanding our Financial Policy. Please let us know if you have any questions. I have read the Financial Policy. I understand and agree to this Financial Policy. This is a life long signature.

Signature of Patient or Responsible Party

Date

I have received and read the Notice of Privacy Policies for Florida Sportsmedicine and Orthopaedics.