

David A Thull
Board certified AAOS ABOS
Orthopedics of North Scottsdale

OFFICE POLICIES

1. We require all balances from the date of service to be paid in full before any further services are rendered regardless of whether there is insurance coverage. Future visits will also require full payment until the issue with the insurance is resolved. Payment not covered by insurance i.e. coinsurance, co-pays, deductibles, past due balances, and non-insured patient payments are collected at the time of service.
Initials _____
2. Copays are the PATIENT'S RESPONSIBILITY. A \$25.00 late fee is assessed if not paid at time of service [EVEN IF WE DO NOT ASK FOR IT BECAUSE WE DO NOT KNOW YOUR COPAY, YOU, THE PATIENT ARE RESPONSIBLE FOR KNOWING YOUR COPAY], and \$25.00 rebilling fee for each statement that must be billed for the copay. Initials _____
3. A returned check charge of \$50 will be charged for all returned checks and no further checks will be accepted.
Initials _____
4. All office appointments or scheduled surgeries require at least 24-hour prior notification of cancellation. A \$20.00 late fee is assessed if an office visit is not cancelled or rescheduled 24 hours prior to the scheduled visit. The patient may be discharged from the practice after three or more occurrences. Any no shows for a scheduled surgery will be charged \$150 and rescheduling or discharge from the practice will be at the doctor's discretion.
Initials _____
5. Please make sure that your insurance carrier is contracted with Dr. Thull. Claims are billed to the insurance carrier as a courtesy; however you are responsible for payment of all charges incurred that are not covered. All balances not paid by the insurance carrier within 90 days of the date of service will be your responsibility. We will be happy to reimburse you for any payments made by you after your insurance company has paid in full.
Initials _____
6. In the event that the insurance carrier you initially provided to our office was incorrect and another company is to be rebilled for services rendered, a \$75.00 administrative fee will be charged for reworking your account. Until this fee is paid, the account will not be reworked and the balance will be patient responsibility.
7. Balances over 30 days that are patient responsibility will be charged an 18% interest rate and a \$25.00/mth administrative fee.
Initials _____
8. By signing this form, you agree to abide by the policies of Orthopedics of North Scottsdale. The undersigned agrees to pay in full any and all accounts for themselves and their dependents no later than 90 days from the date of service. If the account is not paid in full the account will be referred to collections. We do not have the ability to finance patients' balances. In the rare case of an account being referred to collections, you will be responsible for all attorney's fees and collection expenses.
Initials _____
9. There is a charge to obtain copies of medical records or billing statements. A payment voucher will be issued upon each visit at no charge to the patient. If any additional billing statements are requested, there will be a \$10.00 administrative fee charged per voucher.
Initials _____

Signature of patient or parent/legal guardian
PATIENT name Date