

## **INSURANCE & PRIVATE PAY OVERVIEW**

### **PREFERRED PROVIDER PLANS:**

With certain insurance companies, it is necessary for you to be treated by a preferred provider to receive the best benefit coverage offered by your insurance plan. If the doctor is not on the preferred provider panel, you will be responsible for allowed and non-allowed charges. Please contact your insurance carrier directly for a list of these providers.

### **MULTIPLE PLAN COVERAGE (COORDINATION OF BENEFITS):**

As a courtesy, Rebound Orthopedics & Neurosurgery will bill your primary, secondary, and tertiary insurances. However, it is your responsibility to notify us of the proper order of coverage, including verifying that your insurance plans are aware of the multiple insurances.

**MEDICARE:** We accept assignment with Medicare. Rebound Orthopedics & Neurosurgery will also bill Medicare secondary as a courtesy for you.

### **MEDICAID:**

Rebound Orthopedics & Neurosurgery requires coverage of insurance at each visit. If we cannot confirm eligibility at the time of the appointment, you will be asked to reschedule or sign a waiver stating you will be responsible for all charges incurred during your visit.

### **NON-CONTRACTED PLANS:**

Rebound Orthopedics & Neurosurgery only bills contracted insurance plans. We are unable to bill non-contracted plans.

**THIRD PARTY CLAIMS:** Rebound Orthopedics & Neurosurgery does not bill third party claims.

### **HMO PLANS:**

A referral is required from your primary care physician prior to each appointment and procedure. If we do not have a referral at the time of the appointment, you will be asked to reschedule or sign a waiver stating you will be responsible for all charges incurred during your visit.

### **WORKERS' COMPENSATION:**

It is your responsibility to inform the registrar that the visit is for a work-related injury. This is to your benefit so that we bill appropriately. If the claim is DENIED or CLOSED or if you fail to inform Rebound Orthopedics & Neurosurgery of the work-related nature of your medical problem, including appropriate claim information, you will be responsible for all charges.

### **PRIVATE PAY:**

Private Pay pricing is available on our website at [www.ReboundMD.com](http://www.ReboundMD.com). Payment in full is required prior to service. For more information please call 360-254-6161.

### **NO SHOW POLICY:**

We understand the need to cancel an appointment may happen occasionally. We ask that you contact us no later than 24 hours before your scheduled appointment time. If you do not arrive at your appointment, we will consider that a no-show. No-show appointments are subject to a \$50 fee. No-show fees are the patient's responsibility and must be paid in full prior to the next scheduled appointment (unless regulatory bodies prohibit charging for no-show appointments). No-show fees are not covered by insurance. We understand extenuating circumstances can sometimes occur. In the case of an emergency, or extenuating circumstance, we may waive the no-show fee. This will be on a case-by-case basis. If our office must cancel your appointment with less than 24 hours' notice, you may choose to meet with another provider (if available) on the same day, to reschedule, or to cancel. You will not be charged a fee under these circumstances. If the no-show fee might prevent you from receiving necessary care, please contact us. Continuous no-show appointments may result in discharge from Rebound. If you have any questions regarding our No-Show policy, please contact us.

### **A Division of Northwest Surgical Specialists, P.C.**

200 NE Mother Joseph Place, Suite 210, Vancouver, WA 98664

Phone: (360) 254-6161

Fax: (360) 803-0847

[www.reboundmd.com](http://www.reboundmd.com)



*The Region's Most Preferred.*

### FORMS OF PAYMENT ACCEPTED

<b>CHECK</b>	Cash, check, and money orders are accepted. There will be a \$36.00 fee charged for returned checks.
<b>CREDIT CARDS</b>	Visa, Mastercard, American Express, and Discover are accepted for debit and credit. The card must be in the user's name.
<b>CARECREDIT</b>	We partner with CareCredit, a healthcare financing company offering extended balance carrying.
<b>ACCESS ONE</b>	partner with Access One, a healthcare financing company offering extended balance carrying.

### PATIENT RESPONSIBILITY & STATEMENTS

**It is the patient's or guardian's responsibility to know the type of insurance benefits and coverage. Responsibility for payment of the account remains with you at all times; and although you may have an insurance claim pending, we must look to you for payment regardless of the circumstances involved.**

**CO-PAY** Copayment is due at the time of service.  
*Co-Pay:* a flat rate applied to office visits and/or procedures and determined by your health plan.

**DEDUCTIBLE & COINSURANCE** If you have a coinsurance and/or a deductible balance as determined by your insurance plan, Rebound Orthopedics & Neurosurgery will send you a statement after your claim has been processed with the insurance. You are required to pay this balance in full to Rebound Orthopedics & Neurosurgery.

*Deductible:* the amount you must pay out of pocket to your provider before your insurance will begin to pay for your claims. This is outlined in your insurance plan.

*Coinsurance:* a percentage amount for which you are responsible for per visit or procedure. This is outlined in your insurance plan.

You will receive a monthly statement showing itemized charges and the current amount due on your account. Payment in full is required within 60 days of the date on your statement. If you are unable to make payment in full within the 60-day period, you must notify the Rebound Orthopedics & Neurosurgery Business Office. Payment arrangements are available by visiting our website at [www.ReboundMD.com](http://www.ReboundMD.com) or by calling 360-449-1129. Each statement will detail this information as well as the payment plan options.

#### **AUTHORIZATION:**

Rebound Orthopedics & Neurosurgery will make every effort to preauthorize services. However, in the event that prior authorization is not received, you will be responsible for the charges. It is the patient's or guardian's responsibility to know the benefit coverage, as well as to make sure there is a prior authorization in place prior to receiving care.

#### **REFERRALS:**

Rebound Orthopedics & Neurosurgery will make every effort to obtain a referral from your primary care physician when the insurance requires it. However, in the event that a referral is not received and the insurance requires it, or you have not established care with your PCP, you will be responsible for the charges. It is the patient's or guardian's responsibility to know their benefit coverage, as well as to make sure there is a referral in place prior to receiving care.

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## ***Credit and Financial Policy***

### **DURABLE MEDICAL EQUIPMENT:**

Medical products may be recommended and/or dispensed to assist you with the healing process. In some instances, you will be required to pay cash at the time of your visit for non-covered DME. For insurance covered items, Rebound Orthopedics & Neurosurgery will bill your insurance as a courtesy; however, you will be responsible to pay for any amount not covered by your insurance. There is a 7-day return policy. If you are unsatisfied with your DME in any way, you may return the device within 7 days of receiving it. Return extensions will not be provided. In some cases, your provider may be able to provide an alternative DME or adjust a fitting to better suit your therapy needs.

### **PHYSICAL OR HAND THERAPY:**

The majority of insurances have a limitation of visits for therapy. If your visits exceed the benefit plan limitation, you will be responsible for the entire therapy charge. It is your responsibility to know your therapy benefits. If applicable, you will be required to pay your co-pay at each therapy visit.

### **SURGERY:**

- In the event you require surgery or a procedure, a presurgical deposit will be required to be paid prior to the service. This deposit will be applied to your surgical or procedural residual balance. A cost estimate will be provided to you prior to scheduling your procedure at your request.
- In the event you undergo a surgical procedure at a facility other than Rebound Orthopedics & Neurosurgery, you will be responsible for two or three separate billings from the facility where the procedure took place and/or the anesthesiologist that provided anesthesia during your procedure.
- Major surgeries are billed with a 90-day global package that covers the follow-up visit, but casting, X-rays, DME, or therapy is a separate charge.

### **RADIOLOGY:**

In the event you require an MRI or X-ray, you may be responsible for two separate billings from the facility where the procedure took place and/or the radiologist that provided the interpretation of the X-ray or MRI.

### **FRACTURE CARE:**

- According to billing and coding guidelines, fracture care is billed as a “packaged” service. This means that at the time of initial care, a bill is generated that includes:
  1. Evaluation of the fracture
  2. The first cast or splint application
  3. 90 days of normal, uncomplicated, follow-up care.
- There will be a separate charge for the following items that are not included in the package:
  1. X-rays
  2. All casting supplies, including those used in the first cast or splint
  3. Any replacement cast application
  4. The evaluation and management of any additional problems or injuries
  5. The treatment of any complications

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