

Terence J. Delaney, M.D.
Sports Medicine & Orthopedic Surgery
FINANCIAL POLICY

YOU ARE RESPONSIBLE FOR READING AND UNDERSTANDING THE CONTENTS OF THIS POLICY

We find that communication with our patients regarding our financial policy assists us in providing the best service. Therefore, we have taken the time to answer some of the most commonly asked questions.

OFFICE CONSULTATIONS AND FOLLOW-UP VISITS

Dr. Delaney is contracted with the following private or government insurance carriers: Blue Cross, Blue Shield, United Healthcare, Cigna, Great West, and Medicare. We still advise you check with your carrier confirming your plan is not out-of-network. Our office will ask you to pay the co-pay specified on your card. This does not mean that we are in any way implying that your visit to our office is within network and that you will not be responsible for any balance not paid by your insurance.

By choosing to see Dr. Delaney, you may be responsible for a higher out-of-pocket expense, including those amounts above the usual and customary fee covered by your plan and/or any non-covered charges. Please contact your insurance company if you have any questions concerning their reimbursement for services. You are responsible for finding out if your plan covers out-of-network benefits, and to see if Dr. Delaney is in your network.

We are happy to bill secondary insurances if the information is provided at the time the services are rendered. Any secondary information presented after the primary insurance has paid will require that you supply a copy of the primary insurance explanation of benefits.

Patients are responsible for initial and subsequent referrals from your primary care doctor. You will be responsible for all visits denied due to no authorization. We may request a 20% pre-payment of our usual and customary fee on the day of your visit.

SURGERY

We can provide estimated charges reflecting only Dr. Delaney's surgical fee. Separate fees will be charged by the surgery center, anesthesiologist, and surgery assistant (if applicable).

We may request a pre-payment of 20% of our usual and customary fee on the day of the pre-operative visit.

If your insurance company fails to pay the balance within a 60-day period, we will expect you to pay at least 20% each month until the balance is paid.

You are responsible for all non-covered charges, including those above and beyond the amount considered usual and customary by your insurance.

All questions regarding insurance coverage and reimbursement should be directed to your insurance carrier.

We are happy to bill secondary insurances if the information is provided at the time the services are rendered. Any secondary information presented after the primary insurance has paid will require that you supply a copy of the primary insurance explanation of benefits.

If you have had a previous surgery to this same area of the body, please call your insurance carrier to inquire about any pre-existing clauses in your policy as this may cause a denial of payment.

ADDRESS/INSURANCE CHANGES, RETURNED CHECKS, COLLECTION TIMELINES

Please notify us of any change in address, telephone number, place of employment, and/or insurance company. Any statements returned with an incorrect address may be sent to our collection agency.

Returned checks are subject to a \$50.00 returned check fee.

Once your insurance has paid, monthly statements will be mailed for the remaining balance. Payment is due upon receipt. Bills over 60 days are considered past due. Bills over 120 days will receive collection notices. Bills over 150 days will be sent to a collection agency.

MISSED APPOINTMENTS/LATE CANCELLATIONS

A \$25.00 fee may be charged for all missed appointments and any appointments not rescheduled with 24-hour notice. This policy applies to all patients, including worker's compensation.

FORMS

A \$25.00 fee will be charged for all forms filled out. Payment is expected at the time of service.
(State Disability, Paid Family Leave, etc.)

POLICY AGREEMENT

I have read the financial policy and I understand that I am financially responsible for all charges whether or not paid by my insurance.

Signed _____ Date _____

Disclosure: Dr. Terence J. Delaney has a beneficial interest in the following companies: Silicon Valley Surgery Center and Bascom Surgery Center. If this is of concern, and you wish to have your procedure or test at a different facility, please discuss this with Dr. Delaney