SOS FINANCIAL CONSENT

Patient Name: _____ DOB: _____

Email: _____ Acct #: _____

Thank you for choosing SOS to be your Orthopedic Provider. As a patient you have certain responsibilities regarding your insurance contract:

1.) To pay amounts not covered by your policy including applicable copays, co-insurance and deductibles.
2.) To be knowledgeable about your plan's covered and non-covered services.
3.) To inform your provider's offices accurate and up to date insurance coverage.
4.) To understand that if you are being treated for a work-related injury you have an obligation to provide SOS with the Worker's Compensation carrier, claim numbers, date of injury, and your employer's information. Should this not be provided to SOS timely, your private insurance will be billed. If the claim is denied you will be billed for services rendered.

By signing this patient financial agreement, you agree to be billed as a self-pay patient should you fail to supply valid, accurate insurance information at the time of service.

Due to strict timely filing rules and government regulations, you also agree to notify us right away- no later than 30 days after you receive notification that you are eligible for additional coverage(s) including Medicaid, Medicare, Medicare Advantage plans or other supplemental policies. Should you fail to give us timely notification of additional coverage (including Medicaid or Medicare eligibility), you will be considered a self-pay patient and agree to be held personally responsible for payment of your charges.

Please note that if you do not provide SOS with all pertinent worker's compensation information (claim #, Insurance carrier & address, date of injury and employer name and information) your private insurance will be billed for services rendered. You will be billed as "self-pay" if you do not have a private insurance or have requested to pay up front for services rendered.

If you are being seen for a Worker's Compensation injury and an agreement is executed by you and approved pursuant to Worker's Compensation section 32 in which you waive your right to medical benefits from the Worker's Compensation carrier for treatment services performed after the date the agreement is approved, the provider will bill you directly at WC rates instead of the employer or insurance carrier and you will be responsible for the provider's fees for services rendered.

An estimated amount for the service is available upon request. Additionally, you agree that any claim service denied by our carrier is your personal responsibility to pay until such time that we receive reimbursement from your insurance carrier(s). Thank you.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Relationship to Patient: _____