Financial Policies

Orthopedic Associates of Dallas is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services.

OAD accepts, Visa, MasterCard, American Express and Discover Credit Cards

Financial Responsibility
You, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage.

Co-payment and Deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable.

Participating Insurances
OAD participates with a variety of insurance plans. It is your responsibility to:

- Bring your insurance card and ID to every visit
- Be prepared to pay your co-pay before each visit. Payment can be made by cash, check, or credit card.

For medical care not-covered under insurance, payment will be your full responsibility.

Non-Participating Insurances
If you have insurance that the office does not participate in, our Business Office will file a claim as a courtesy. However, if payment is not received within 60 days of filing, all charges will become patient responsibility and immediately due and payable.

Medicare
OAD is a participating provider with Medicare. We always file your primary claim. We will file secondary carriers as a courtesy only. If payment from a secondary carrier is not received with 60 days of filing, all charges will become patient responsibility and immediately due and payable.

High Deductible Plans
If you have a High Deductible Plan, be prepared to pay for your services in full as you incur them. If surgery is required you will be asked to pay in advance of booking surgery time.

Motor Vehicle Accidents
In most cases, we consider this a private matter between you and your auto carrier. Your Medical carrier may not cover care. Any balance is your responsibility and must be paid at the time of the visit. Likewise, any associated surgery will require a 50 % prepayment and the balance will be billed to the patient. We do not file claims to auto carriers or accept liens.

Patients with No Insurance & Third Party Payors
In order to secure an appointment we expect a credit card number. Any balance is your responsibility and must be paid at the time of the visit. Likewise, any associated surgery will require a 50% prepayment and the balance will be billed to the patient by a monthly statement. For patients with no insurance we offer a cash discount to patients who pay in full at the time of service.

OAD does not bill Third Party Payors. You will be responsible for all charges and may submit those to other carriers as you like. You will not be offered the cash discount.

Forms
You will be responsible for the payment for the completion of certain forms that your Insurance does not cover. A list of these forms and fees is available.

Referrals
It is your responsibility to bring any required referral for treatment at or prior to your visit. If you do not have your referral, your visit may be rescheduled.

Additional Charges
For checks returned for Not Sufficient Funds, a $25 fee will be charged to your account. For copies of x-rays or medical records a fee may be charged.

Payment Arrangements
Payment arrangements can be arranged if needed. Please contact the Business Office to discuss terms.

Collection Agency and Bad Debt
We cannot book any type of appointment for you if your account has been turned over to collections or has a bad debt write-off. You must clean up any amounts due either with OAD or our outside collection agency prior to booking any type of follow up appointment.

If you have questions about your insurance, our Business Office will help you. However, specific coverage issues should be directed to your insurance company member services department (number on the insurance card).

Orthopedic Associates of Dallas believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agree to this Financial Policy.

Patient signature________________________________ Date:_______________________