

Kamil Orthopaedic Group Physical Therapy Solutions Financial Policy

Thank you for allowing Kamil Orthopaedic Group and Physical Therapy Solutions to be a part of your medical care. Our goal is to provide quality care. It is important that we have accurate billing information to assure that reimbursement for our services is timely.

Please keep in mind that your insurance policy is a contract between you and the insurance company.

Our billing staff will be happy to discuss our policy and any concerns with you.

Contracted Blue Cross/Blue Shield and other PPO's: Payment of co-pays due at the time of service.

Medicare: Our practice accepts Medicare assignment. Your responsibility is 20% of the Medical allowed amount. If you have secondary insurance we will file the 20% co-pay to the insurance carrier.

Out of Network Plans: Claims will be filed for you. Understand that most plans have higher deductibles and co-pays when you go out of the network. You are responsible for those amounts.

Worker's Compensation: At the time of your appointment we require verification that injuries are work related as well as all billing information. Insurance company name, claim number, adjusters name and phone number.
It is ultimately your financial responsibility should your employer/Insurance company deny your claim.

Motor Vehicle Accidents: Verification is needed to determine if your auto insurance or medical insurance is primary or secondary. Please have Insurance company name, claim number, adjuster name and phone number available.

Self-Pay: Payment is due at the time of service. For your convenience we accept cash, checks, Visa and Master Card.

I understand and acknowledge this Financial Policy.

Date: _____

Print Patient Name _____

Patient Signature, or Parent if Minor _____