

## Financial Policy

The following information is provided to you in order to avoid any misunderstandings concerning payments for professional services:

**Co-Payments:** All co-payments are due at the time of service. Most major credit cards are accepted.

**Insurance Benefits, Referrals and Pre-Certifications:** Referrals to see TCO physicians and prior authorizations for procedures (such as MRI\*, therapy, or surgery) are the patient's responsibility. If a patient does not obtain the appropriate referrals or authorizations and his/her claims are denied, payment will become the patient's responsibility and due upon receipt of a billing statement. It is patient responsibility to understand his or her insurance benefits and out-of-pocket expenses (including but not limited to non-physician services such as therapy or supplies). \*Some health plans require a reference number for MRIs. TCO will assist in obtaining this reference number. (A reference number is different than an authorization number.)

**Insurance Claims:** As a courtesy, TCO files claims for benefits with all insurance companies with claims offices within the United States or its territories. Patient coinsurance, deductibles, or remaining patient responsibility not to exceed the insurance allowable is due upon receipt of a TCO billing statement. Contact the Billing Customer Service staff at 952-512-5625 with any questions.

**Uninsured:** Patients without insurance are required to pay a portion of charges before services are rendered: \$150 at initial office visit or \$400 at initial fracture care. Monthly payments are not possible for elective surgery charges or MRIs; these services require 100% of payment prior to the service being rendered. If the patient does not bring in required payment at the time of service, the patient may be rescheduled to another day when payment can be made. A prompt pay discount of 20% will be offered for payment in full, if received within 10 days of receiving the first statement. The discount **does not** apply to coinsurance, deductible or patient responsibility amounts discounted by a third party payor.

**Uncompensated Care Program:** TCO does offer an uncompensated care/financial hardship program. Please contact the TCO Billing Customer Service Department (952-512-5625) to review this program.

**Finance Charges:** Finance charges may be imposed on accounts beginning 60 days from the date of the initial billing statement. At present the interest rate is 6% per year.

**Past Due Balances:** Any balance over 90 days old following the initial notice may be placed with a collection agency and/or Credit Bureau. Prior to initiating additional treatment for a new problem, all balances must be paid in full to either TCO or its collection agency.

TCO firmly believes in quality doctor-patient relationships. This is based upon good understanding and communication. The staff of TCO makes every effort to clarify any misunderstanding you have concerning your balance. If you have questions concerning our policy or need assistance, please contact us at 952-512-5625.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Privacy Practices

I acknowledge that I have received a copy and/or have been made aware of TCO's Privacy Practices that are posted in the clinic reception area. I understand that I may contact TCO at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_