52 W. Shirley Ave, Warrenton, Virginia 20186
14370 Lee Highway Suite 102, Gainesville, Virginia 20155

BLUE RIDGE ORTHOPAEDIC & SPINE CENTER

540-347-9220 Phone
540-347-0492 Fax
www.broava.com

Credit Policy

Our credit policy is designed to provide a clear understanding that the patient is ultimately responsible for payment of all medical services. Payment of service can be charged to your Visa, Master Card, or Discover credit cards. Blue Ridge Orthopaedic & Spine Center is very sensitive to situations in which special payment arrangements may be necessary but must be approved by our credit manager before treatment can occur. All unpaid balances not paid in 30 days (except for qualified insurance claims) may be charged a finance charge of 1% per month. There will be a $35.00 charge assessed for all returned checks. In order for us to service your account or to collect any amounts you may owe us, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers. We may also contact you by sending text messages or e-mails, using any e-mail address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Health Insurance Coverage

We participate with ***most*** major insurance companies, including workers compensation and as a courtesy will submit all valid claims with the appropriate insurance company. The guarantor and/or patient shall be responsible for any and all costs in connection with collection agency fees and attorney fees which may be required to satisfy the unpaid balance. Insurance copays are due at the time of service for each appointment. If you are not prepared to make your copay, there will be an additional $10.00 fee billed to your account.

Personal Pay (Non- Insured)

Our primary responsibility is to provide the patient with the best possible medical treatment and to effectively control rising health care costs; we expect payment at time of service for all non-insured patients. Non-insured patients will be required to make a ***deposit for each visit, at the time of check in.*** After this deposit, any additional charges for your visit will be billed. Additional charges can accrue based off of the complexity of your visit/doctor exam, if you are a new or returning patient and if special procedures are performed at our office. The costs of these procedures are separate and not included in your office visit. You can refuse to have a procedure performed, and we can provide you with an estimate prior to a procedure being performed. If the balance cannot be paid in full, arrangements must be made with our credit manager. Non-insured patients are required to make regular payments and will forfeit the non-insured discount if they fail to make all required payments due under the payment plan.

Consent to HIV/HBV Testing

In the event a health care provider is directly exposed to my blood or body fluids, I consent to blood tests to determine the presence or absence of antibodies to the Human Immuno-Deficiency Virus (HIV) and the Hepatitis B Virus (HBV). I understand that the test results will become a permanent part of my health care record. The test results may be released to me or my legally authorized representative and the person who was exposed. In addition, the test results can be obtained by my health insurance carrier or by any person or entity to whom I have given written permission for access to my medical record. In certain circumstances your records could be subpoenaed for a court order.

Lab Specimens

Any lab specimens processed by an outside reference lab will be billed for by those reference labs. Your insurance company dictates which reference lab we may use—if you do not update us on your current insurance coverage, your specimens may end up at an inappropriate lab, resulting in fees which you will be liable. Any concerns regarding your insurance coverage and/or itemized statements received, should be directed to the billing department of the outside reference lab.

Acknowledgment of Policies

I/We assign to Blue Ridge Orthopaedic & Spine Center all monies entitled to me for the purpose of payment of any unpaid balance resulting from medical treatment received at this facility. I/We further understand that I/We are solely, or together, financially responsible for all charges incurred at this facility but not covered by this assignment, even though represented by an attorney.

Patient/Guarantor's Signature _____ Date _____