



*Get Your Life Moving Again.*

## **Financial Policy**

Payment for services rendered is due at the time of service.

If you have Health Insurance, Atlantic Orthopedics will file your insurance for you and apply any payments and adjustments that may apply. However, you remain responsible to pay Co-payments, Deductibles and Co-insurance amounts at the time services are rendered.

If you do not have Health Insurance, a minimum deposit of \$150.00 is required prior to your initial visit. At the conclusion of the visit the balance will be due and payable. If the balance is not paid, Atlantic Orthopedics expects a minimum monthly payment of \$50.00 until the balance is paid. If a surgical procedure is recommended by the physician, a deposit of 50% of the surgery charges must be paid prior to scheduling your surgery.

## **Patient Acknowledgement (initial one)**

I have read, understand and will comply with the Financial Policy written above.

\_\_\_\_\_ I have insurance and I understand that I am responsible for Co-payments, Deductibles, and Co-insurance amounts as called-for in my insurance agreement. I agree to pay these amounts promptly when due.

\_\_\_\_\_ I do not have insurance and I understand that I am responsible for the charges for my services, or the services for my dependent, when they are rendered. I agree to pay these amounts when due, or make a minimum payment of \$50.00 each month until paid.

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Date

Patient's Name

Responsible Party if minor

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Patient/Responsible Party Signature

Atlantic Orthopedics Rep.