CONEJO ORTHOPAEDIC AND SPINE INSTITUTE

GREGORY H. TCHEJEYAN, M.D.

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgery

OFFICE POLICY & INFORMATION

Financial Policy:

Insurance coverage is an arrangement between the insurance carrier and the patient. As a courtesy to you, we may obtain eligibility and/or benefit information from your insurance company and communicate this to you as well as file a claim for any services rendered. Ultimately, you and only you are responsible for understanding the specifics of your insurance plan. We will assist you in determining the extent of your benefits but it is ultimately your responsibility to determine your in-network and out-of-network benefits. You bear full financial responsibility for the services rendered and products provided by Gregory H. Tchejeyan, M.D., Incorporated and agree to pay your co-insurance at the time of service. Additionally, you authorize and request that insurance payments be made directly to Gregory H. Tchejeyan, M.D., Incorporated should he elect to receive such payments.

Payments that you are responsible for include but are not limited to any and all copayments, coinsurance, and deductibles. You have agreed with your insurance company to pay these at each doctor's office visit. Please note that copayments for office visits are usually higher for specialists (like orthopaedists) versus primary-care physicians. So check with your insurance carrier to determine if you have a higher copayment for specialists. Additional diagnostic and therapeutic procedures may be subject to separate copayments, coinsurances, and deductibles than your office visit.

Dr. Tchejeyan is not a Medi-cal provider. Dr. Tchejeyan is both an in-network and out-of-network provider with some insurance companies. You will be responsible for any co-insurance due. If the insurance company applies payment to a deductible you will be responsible for the deductible amount. If your insurance company denies payment we will appeal their denial, ultimately you will be responsible for payment of the services rendered. In many cases Dr. Tchejeyan will accept your insurance company's allowable amount along with your co-insurance as payment in full. Again, check with your insurance carrier to determine how your benefits apply.

Though Gregory H. Tchejeyan, M.D., Incorporated will attempt to determine and collect your payment responsibility at the time of service, you understand that you are responsible for any additional payment responsibilities determined after any claims are processed by your insurance company within 30 days of being notified by either your insurance company Gregory H. Tchejeyan, M.D., Incorporated. Our charges may be estimated based on each insurance company's fee schedule. After your insurance processes the claim and if a balance is due, you will receive a statement. If a refund is a due, we will be happy to mail it to you.

Authorization for Treatment/Referrals (POS PLANS):

You are responsible for obtaining an authorization for examinations & treatments if required by your insurance company. Often separate referrals will be required for examinations, diagnostic tests, and procedures. Though we may attempt to assist you in obtaining a referral as a courtesy, it is your responsibility to have authorization on file with us before your visit. If the insurance company denies a claim you will be responsible for payment of the services rendered.

Keeping Your Account Up-To-Date:

It is your responsibility to inform us of any changes in your insurance, telephone numbers, and address. Please have your insurance card available at all office visits. Insurance companies give us 90 days to file a claim. Therefore, if we bill the wrong insurance carrier because you failed to provide the correct information, the visit will be your responsibility.

Delinquent Accounts:

Accounts turned over to a collection agency will be assessed a $25.00 fee. You may also be given notice legally dismissing you from our practice and be asked to find another physician. You agree to pay all reasonable attorney fees and collection costs in the event of default of payment. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate such problems to us so that your account can be properly managed. There will be a $25.00 charge for all returned or cancelled checks.

Release of Medical Records:

There will be a $35 charge for copies up to 20 pages. Each additional page is $0.50. If you need any disability insurance forms completed by our office, there will be a $20.00 charge. You authorize us to release all medical records to the referring and family physicians and to your insurance company, if applicable. If you require fax transmittal of your medical records, we will require your written authorization.

All copayments, coinsurances, deductible fees, and outstanding balances must be settled before seeing the physician. We reserve the right to immediately cancel your care for conduct, non-cooperation, or non-payment.

Your signature represents your consent to treatment necessary for the patient named, your acknowledgement of full financial responsibility, and your understanding and acceptance of our policies detailed above.

_____
Print patient's name

_____ _____
Signature Date

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