

Thank you for choosing Valley Institute of Prosthetics & Orthotics. Your clear understanding of our policies is important to our professional relationship. *Please read this information carefully* and let us know if you have any questions. You will be asked to sign acknowledgement and understanding of these policies when you check in for your appointment.

FINANCIAL POLICY

Medical Insurance

We will be happy to submit a claim for you if all required insurance information is provided.

- Payment by insurance is based on your eligibility for coverage on the date of delivery. Your insurance must be in effect on the day you receive the item, or it will not pay and you will be responsible for payment in full.
- Payment of deductibles, non-covered amounts and co-insurance are due when services are rendered.
- We cannot guarantee payment of all claims. Your insurance is a contract between you and your insurance company and it is important that you understand the coverage your policy provides.
- Some services, even though ordered by your doctor, may be considered “non-covered” or “not medically necessary” under Medicare or other insurance programs and you will be responsible for payment of the full price of the item.
- Reduction or rejection of your claim by your insurance company does not relieve you of your financial obligation.
- If you are covered by Medi-Cal, you must present your *current month* Medi-Cal card *prior to services being rendered.* If we are otherwise unable to verify your eligibility, services will be considered self-pay, and you must pay at the time of service.

If you do not have insurance or your item is not covered by insurance:

- For custom items, you must pay in full before the item will be ordered or fabricated for you. For items over \$200, we will accept 50% of amount due at time of order, and the balance must be paid in full when you receive the item.
- All items must be paid for in full at time of delivery.

Late Fees and Collection

- If you have problems paying your bill please ask to speak with our financial counselor.
- All amounts that are more than 30 days past due will be subject to finance charges of 1.5% per month.
- Accounts more than 60 days past due will be sent to collection.
- Any check returned unpaid by your bank is subject to a \$25 service fee.

ASSIGNMENT OF BENEFITS & AUTHORIZATION TO RELEASE PATIENT INFORMATION

Your signature certifies that you agree to the following statement: “I request that payment of authorized Medicare, Medi-Cal, and/or other insurance benefits be made on my behalf to Valley Institute of Prosthetics and Orthotics, Inc. (VIPO) for any services furnished to me by VIPO. I authorize any holder of medical information about me to release to my insurance company (for Medicare, the Health Care Financing Administration) and its agents any information needed to determine the benefits payable for related services.

“I understand my signature authorizes payment be made to VIPO and release of medical information necessary to pay the claim. If other/secondary health insurance coverage is indicated in item 9 of the HCFA-1500 claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurance or agency shown. In Medicare assigned cases and insurance companies with which VIPO is a contracted provider, VIPO agrees to accept the charge determination of the insurance carrier as the full charge, and the patient is responsible only for the deductible, co-pay, and non-covered services. Co-pay and deductible are based upon the charge determination of the Medicare/insurance carrier.”

ACKNOWLEDGEMENT OF RECEIPT OF “NOTICE OF PRIVACY PRACTICES”

The Notice of Privacy Practices that is posted on our website and is available in the reception room of our office. Your signature certifies that you agree to the following statement: “I acknowledge that I have received a copy of Valley Institute of Prosthetics and Orthotics’ (VIPO) Notice of Privacy Practices. The Notice of Privacy Practices describes how my protected health information may be used or disclosed for my treatment, submission of my insurance claims, payment of my bills, or in the operations of VIPO relative to my care. It also describes my privacy rights and the duties of VIPO with respect to my protected health information.”