

# KANSAS CITY ORTHOPAEDIC INSTITUTE

## FINANCIAL POLICY

To better serve our patients, we understand the need for clear communication of our financial policies

Prior to treatment, everyone must provide payment authorization by credit card/ electronic bank account debit, or deposit to cover all unknown *Patient Responsible* balances, including deductible, co-payments, and non-covered services.

We accept Master Card, Visa, American Express, & Discover.

KCOI has provider contracts with some insurance carriers with "in-network" status.

- We will assist you with pre-certification for procedures to be done in our Hospital.
- Our office will assist you in receiving proper reimbursement, by filing your claim promptly and correctly.
  - After your insurance company processes the claim, (in 45 days by law) you will receive an Explanation of Benefits (EOB) from your insurance, showing the "*Patient Responsibility*" amount.
  - We will provide you with a statement showing the amount due.
  - The "*Patient Responsibility*" amount will be charged to your credit card or bank account.
  - For large balances, you may contact our accounts receivable department to make payment arrangement using your credit card or bank account authorization.
  - You may at any time, pay your account in full.
- **Individual coverage varies dramatically within our contracts and your coverage is an agreement between you and your insurance company.**
- **It remains your responsibility to verify that the *care* you receive is covered by your insurance.**
- **This Hospital is not responsible for the expense of treatment not paid by your insurance.**
- **With continuous changes in coverage, you should verify your benefits and understand all requirements of your plan by calling the customer service number on your insurance card.**

When KCOI does not have a contract with your insurance carrier, services are "Out of Network"

- If the Hospital is not contracted with your insurance, in some cases the Hospital can agree to honor your in network benefits. Please contact a Hospital Business office Representative about the possibility of such an arrangement.

Private Pay Patients

- If you do not have any insurance coverage, you will be offered a cash discount. Payment in full must be received at the time of service in order to receive the cash discount.

Motor Vehicle Accidents (MVA) & Third Party Liability

- KCOI will file claims for services provided as the result of a motor vehicle accident or third party liability injury; however, the patient will be responsible for the entire account.

Workers Compensation

Patients with authorized worker's compensation will not be subject to this Financial Policy

except for applicable Rehab no show fees incurred by patients that have Rehab services.

**I understand these policies and accept responsibility for payment of my account. I understand that this form is valid for one year on all Hospital Admissions.**

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Medical Record Number \_\_\_\_\_

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## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT

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This authorization is for the patient responsibility portion of your bill.

COPY OF FORM OF PAYMENT - CREDIT CARD OR CHECK

Credit card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Master Card Visa American Express Discover (Circle one)

Bank Draft       Checking       Savings  CHECK TYPE OF ACCOUNT

Please place patient sticker here: