

# OrthoPro Services LLC

Specializing in orthopedic braces and artificial limbs

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## Our Financial Policy

Thank you for choosing us as your orthotic and/or prosthetic provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of the treatment. The following is a statement of our Financial Policy that we require you read and sign prior to treatment.

- **Payment is expected at the time of service**
- **We accept cash, checks, visa, mastercard, and debit cards**

### ***Regarding Insurance***

We may accept assignment of insurance benefits. However, we do require deductibles and estimated co-payments to be paid at times of service. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company, we are not a party to that contract.

If your insurance company has not paid your account in full within 60 days of the date of service, you will be required to pay that balance. It is then your responsibility to contact your insurance company about the unpaid claim. Please be aware that some and perhaps all of the services provided may be non covered by your insurance company. If your bill is not paid in full within the next 60 days your account may be turned over to a collection agency. You will be responsible for fees involved with the collection agency as well.

### ***Minor Patients***

The adult accompanying a minor is responsible for payment. For unaccompanied minors, non emergency treatment will be denied unless charges have been pre authorized to a credit card or debit card. Or if payment by cash or check at time of service is verified.

### ***Veterans and Worker's Compensation Patients***

We are pleased to be working with our veterans and workers compensation patients. We ask for your patience. It takes time to acquire all of the proper paperwork to process your claim, and upon completion you should not receive a bill. However, we must have proper prior authorizations, purchase orders, physicians orders and certificates. Also, we must have your permission and authority to bill your insurance company.

### ***Custom Items***

We will make several attempts to contact you to deliver custom items. However, if you ignore our attempts and do not come in within 30 days from the first attempt, the item will be mailed to your address on file and charged to your account. You will be responsible for payment of the item(s)

### ***Late Fees***

Late fees of up to 5.00 a month may be added to your bill.

Thank you for taking the time to read and understand our financial policy. Please let us know if you have any questions or concerns.

**I have read the Financial Policy. I understand and agree to the Financial Policy:**

\_\_\_\_\_  
*Signature of Patient or Responsible Party*

\_\_\_\_\_  
*Date*