



1219 A Gusdorf Rd., Taos, NM 87571

Welcome to our practice. We hope that the following information will be helpful to you. We respect your time, and we would like to make your visit to our office as pleasant and efficient as possible.

Payment Responsibility:

Payment is due at the time of treatment. As a courtesy to our patients, we will bill your insurance company for your surgery charges on non-contracted insurance plans, but, the patient or his legal representative is ultimately responsible for all charges incurred.

Financial Policy:

Please bring a current insurance card with you to your appointment.

- It will be your responsibility to keep us informed of any changes with your insurance plan.
- Co-pays are due at the time of your visit and the referral if required by your insurance is the patient's responsibility to obtain and keep current.
- If we do not receive insurance payments within 45 days of the visit or service date, the usual and customary period, patients are responsible for the balance. Please contact your insurance company to prevent any payment delays on your claim.
- If you have any questions please do not hesitate to contact one of our Patient Benefits Specialist at (888) 758-0009.

Partial Insurance Coverage:

Patients with insurance policies that cover only a portion of treatment must pay the difference between actual charges and the anticipated insurance payment at the time of service. A pre-treatment deposit, co-pay, or deductible (for surgeries) may be required. Medicare patients will be required to pay 20% of the Medicare allowed at the time of service, also for the prepayment of treatment services.

Uninsured Patients/Non-Covered Services:

Payments, for all services which are not covered by insurance are due and payable at the time of service. We accept cash, check and major credit cards. We also have a payment plan called Care Credit. Applying for Care Credit takes only a few minutes. Please ask for the Financial/Billing Department if you would like to discuss your financial options in detail.

Cancellation:

Our office sees patients by appointment. If you are unable to keep your appointment, we ask that you notify us at least 24 hours in advance, so that we are able to offer the appointment time to another patient.

Financial Disclosure:

Within the last twelve months, TOI physicians or related institutions have received something of financial value from *Arthrex, Breg, Smith & Nephew, Sanofi Aventis, Taos Center for Sports Medicine and Rehabilitation, Taos MRI.*

We hope the above information is helpful and we look forward to meeting you.
Taos Orthopaedic Institute, P.C. Staff

Please initial and return to receptionist _____ date _____