

Ohio Orthopedic Center of Excellence

4605 Sawmill Road
Upper Arlington, Ohio 43220
Telephone (614) 827-8700

Financial Policy Regarding Motor Vehicle Accidents and Liability Injuries

If you are seeing one of the Ohio Orthopedic Center of Excellence physicians because of an injury that is the result of a motor vehicle accident or other liability injury, our office has adopted the following financial policy:

1. You are ultimately responsible for payment of the services provided to you by any of our physicians. Due to the length of time an accident case can take to be settled, we require a \$135 deposit from you at your first visit and a \$90.00 deposit for each subsequent office visit. Please be aware that SURGERY and MRI claims are subject to different deposit requirements. You will be billed for anything over the required deposit amounts. We are willing to work out a payment plan if you are unable to pay the balance in full. Please contact our billing department to set up a payment plan. Payment plans require payment on a monthly basis to remain current. Please be aware that a letter of protection is NOT considered a payment arrangement.
2. All medical claim forms will be mailed to you at the address we have on file. YOU are responsible for sending the medical claim forms to the auto insurance company or attorney. We will request that you provide the name, claim number, and contact information of the auto insurance carrier or attorney that you are dealing with for our billing records.
3. We will request a copy of your health insurance card(s) for our files. All health insurance carriers have a timely filing limit for claims to be considered for payment. We may bill your health insurance carrier to avoid missing any timely filing limits should your auto insurance company not pay or your legal action not have a favorable outcome. If your health insurance company does pay and we also receive a payment from the auto insurance carrier or a legal settlement, we will refund the payment to the health insurance carrier.
4. Attorneys may seek copies of your medical records, billing records, etc. We require that a signed medical release form be on file before this information will be released.
5. Should you have any questions or have necessary information to share with us regarding your account please contact our billing office at 614-827-8700 and ask to speak with the billing representative for your doctor.

Patient Signature _____ Date _____