

Ohio Orthopedic Center of Excellence

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

Self Pay Financial Policy

If you are seeing one of the Ohio Orthopedic Center of Excellence (OOCE) physicians and do not have health insurance you will be responsible for following our self payment policy:

1. You are ultimately responsible for payment of the services provided to you by an OOCE physician. We require the following deposits prior to your appointment (**please note these are only deposits and you will be billed for any amounts in excess of the deposit amount**):

Service	Self Pay Deposit (No Financial Agreement signed)	Deposit (Financial Agreement signed)
Office visit	\$100 deposit for initial office visit and \$60 deposit for each visit thereafter	
Physical Therapy	\$125.00 for Initial visit \$81.50 follow up visit	
MRI	\$525 deposit for MRI without contrast and \$625 for an MRI with contrast	\$225 deposit
Bone Density or EMG	\$100 deposit	\$100 deposit
Surgery	50% OOCE billed charge	50% contracted rate per Financial Agreement

**Note: If you are unable to pay the applicable deposit, you will be asked to reschedule your appointment.*

2. Payment on unpaid balances is expected within 30 days. If you are unable to pay your balance in full, please contact the Billing Department to discuss payment plan options. A monthly payment is required to keep your account current.
3. OOCE does offer the opportunity for self pay patients to enter in to a Financial Agreement to receive a discounted rate for eligible rendered services. The Agreement must be executed prior to the date of service to access the self-pay discount. Please contact the Billing Department for additional information.
4. Should you have any questions or have necessary information to share with us regarding your account, please contact the billing office at 614-827-8700 and ask to speak with the Billing Representative for your doctor.

Patient Signature _____ Date _____
Patient Name Printed _____ DOB: _____
Account # _____ Physician _____