

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 partial payment/deposits prior to your appointment. **The deposit will be applied to the charges incurred and you will receive a bill for the balance due.**

Service	Uninsured	MVA/Liability
Office visit	\$135 deposit for initial office visit and \$90 deposit for each visit thereafter	\$135 deposit for initial office visit and \$90 deposit for each visit thereafter
Physical Therapy	\$125.00 for Initial Visit \$81.50 for Established Visit	\$125.00 for Initial Visit \$81.50 for Established Visit
MRI	\$225 deposit	\$225 deposit
Bone Density / EMG	\$100 deposit	\$100 deposit
Surgery	50% OOCE uninsured charges	50% OOCE standard charges

**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. 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: _____