



Financial Policy Please Read Carefully

Thank you for choosing Seattle Hand Surgery Group / Seattle Hand Rehab Clinic.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge a reasonable fee for our area.

Insurance Billing

We will bill any private health insurance company for which we receive complete billing information. This does not release the patient from their obligation to make sure that fees are paid. The responsibility for payment of fees is the direct obligation of the patient regardless of insurance. In addition to health insurance carriers we will bill L&I, self-insured worker's compensation, and Medicare.

Many patients carry insurance for medical care but few have 100% coverage. Though we may have some knowledge about your specific policy, the number of policies and health plans are too great for us to keep current with all. Remember, you and your employer have purchased the policy and the final decisions regarding their obligation to you is between you and the insurance carrier.

Therapy Services

Please note that our therapists are considered a separate provider and their charges will be in addition to your doctor's charges. Therapy services may require separated co-pays and referrals. Although we attempt to contract our doctors and therapists with the same insurance companies, it is not always possible. It is your responsibility to verify your insurance coverage for therapy services.

Third Party Billing

Our policy is NOT to bill third party. Business, auto, and home insurance are all considered third party. We consider patients that have third party relationships to be self pay patients. An exception to this is personal PIP. It is our policy NOT to wait for payment in cases that become legal in nature. Please see the self-pay policy listed below.

Self Pay Patients

Patients without insurance are expected to pay for a portion of their medical care at the time of service and the rest when billed. A separate Self-Pay Patient Policy outlines policies regarding self-pay patients. In addition we have a Self-Pay Patient Information Form designed to give you insurance options and explanations.

Interest Charges

Interest of 1% a month will be charged to you following a sixty-day grace period. For insured patients the grace period begins when we receive a response from your insurance company.

Collection Policy

After 30 days, bills will be considered past due. After 90 days, bills will be eligible for transfer to a collection agency. If we bill your insurance, you will not receive a bill until we have received a response from your insurance company. It is your responsibility to contact us with address and/or insurance changes. To insure that you are not sent to a collection agency, please contact us if you have not received a bill within 60 days of a date of service or within the last 60 days.

Methods of Payment

We accept cash, check, VISA, and/or MasterCard.

Printed Name

Signature

Date