



John O. Krause, M.D.
Board Certified Orthopedic Surgeon
Lower Extremity Surgery
Foot & Ankle Surgery

Patient Financial Policy

Welcome to our practice and thank you for choosing us as your health care provider. Our staff is dedicated to providing the best possible care and service to you. We regard your complete understanding of your financial responsibilities an essential element of your care. In order to reduce confusion and misunderstanding between our patients and our practice, Dr. Krause has adopted the following financial policy. You will be required to sign a financial responsibility and authorization for treatment form. If you have any questions regarding this policy, please discuss them with our billing specialist, Tricia Downing. Tricia can be reached at 314-336-2555, ext. 227.

General Payment Policies:

- Patients are required to present a current insurance card at every visit; without an insurance card you may be required to pay the estimated amount for the visit at the time of service. It is the patient's responsibility to update the office when their insurance information changes.
- We accept cash, check, Visa, Mastercard, Discover & American Express
- Co-payments and account balances are due at the time of service. Patients without co-payment at the time of service will be required to reschedule the appointment.
- There will be a \$25.00 fee assessed for all checks returned as Non-Sufficient Funds (NSF)
- Payment of your financial responsibility is due upon the receipt of our bill. Accounts become past due after thirty (30) days.
- Your account payment history is considered when an urgent/overbook appointment is requested.

Insurance Billing Information: Your insurance policy is a contract between you and your insurance company. We will, however, do a courtesy billing on your behalf. If your insurance company has not paid your account in full within ninety (90) days, the balance may be automatically transferred to your responsibility for payment upon receipt of statement. All insurance payments that are made directly to you must be endorsed and paid to this office. It is your responsibility to contact your insurance in the event of non-payment or discounted payments. You will be responsible to pay any charges associated with care received that your insurance determines is NOT a covered benefit. You must be aware of your own insurance benefits. When in doubt contact your insurance company directly for clarification.

Many private insurance companies, in an effort to set physician fees, restrict payment indicating that fees are over their "Usual and Customary" fees for this area. Our fees are comparable to that of other offices providing the same quality and level of care in our area. We will not allow insurance companies to set an arbitrary fee for our services, based upon their willingness to pay.

Medicare: We accept Medicare assignment. As a Medicare patient you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance we will bill it for you. Any remaining balance will be billed to you.

Non-Participating Insurance Plans or "Out of Network": As a service to our patients, we will bill as a non-participating claim. All outstanding balances are the responsibility of the patient. I understand if I elect to be treated by any physician who does not participate in my insurance plan, I am directly responsible for my

payments, and may not be reimbursed by insurance. It is the patient's responsibility to determine if the Dr. Krause is in network with their insurance plan.

Referrals: If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain prior to your appointment and to have it with you at the time of the appointment. If your insurance requires a referral and you do not have your referral, **you will have to reschedule your appointment**

Self-Pay Patients: Self-Pay patients and patients who present without proof of insurance are required to pay \$300 on the day of their visit. The payment will be applied to the charges for the visit. Your account may have a credit or balance due after the office visit. Patients with a credit may choose to have the balance refunded or applied to the next visit. Any subsequent visit charges will be due at time of service. If you cannot pay in full, you will need to set up a payment plan with our billing specialist, Tricia Downing.

Financial Hardship Policy: Dr. Krause realizes that there may be circumstances when a patient has a financial hardship and is unable to pay for their Orthopedic Care. Please contact Tricia Downing, billing specialist at 314-336-2555, ext. 227 to obtain the Financial Hardship paperwork.

Minor Child Policy: The legal guardian who accompanies the minor patient to the first appointment will be the responsible party for payment of any guarantor portion of fees that are to be paid to John O. Krause, M.D., LLC.

Outstanding Balances: If you have any outstanding self-pay or insurance designated outstanding balances for co-pays, deductibles and coinsurance, and you have been billed more than once without payment, you will be required to pay your balance at your appointment. Chronic non-payment of bills you are directly responsible for can constitute severance from the Practice.

Delinquent Accounts: Delinquent accounts may be assigned to a collection agency. All collection costs will be added to your outstanding balance. We cannot be involved in negotiating payment for divorce orders for medical bills. Whichever parent brings the minor child in for treatment will be responsible for payment of the bill regardless of your divorce decree (see minor policy)

Third Party Insurance Forms (Disability, FMLA , etc), X-Rays and Medical Records: There is a charge for completing any form that is not directly related to reimbursement of medical services. There are also charges for copying, sending medical records, depending on the circumstances. Our Practice charges \$25 per FMLA form and for any third party form not related to reimbursement. For compliance purposes, the patient information portion of the form must be completed and signed prior to acceptance, along with payment. Form services must be paid in full prior to completion.

I have read the Financial Policies of John O. Krause, M.D. and agree to comply with the Financial Policies. In addition, John O. Krause, M.D. has my permission to provide medical documentation in order to obtain reimbursement.

Patient Name (Print Please)

Date

Patient (or Representative Guardian Parent) Signature

Date