

## FINANCIAL POLICY

### Policy information

Thank you for choosing our Practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. If your treatment is not being covered by insurance, please read and complete this form.

The physicians at the Center for Orthopedics, Inc. are aware of the economic challenges that face our community. We are committed to providing quality healthcare. As part of providing quality services, making financial arrangement is also necessary.

Payment is expected at the time of treatment. However, if you are unable to pay your balance in full, we have set up guidelines to help you clear your balance.

- **\$50 balance or less: Entire balance due first month.**
- **\$51-\$500 balance: \$50 minimum monthly payment**
- **\$501-\$1000 balance: \$100 minimum monthly payment**
- **\$1001-\$2500 balance: \$200 minimum monthly payment**
- **Over \$2500.00 balance: 10% of balance due each month**

Surgical procedures require 50% pre-payment. The 50% must be paid prior to the day of surgery. Otherwise, the surgery will be cancelled.

### Acknowledgement

I understand that payment is due by my next schedule appointment or the 1st of each month. I agree that I will receive a 35% discount after the first \$100.00 is paid on my account. I also understand that failure to follow the agreed upon payment arrangement will result in the physician refusing to continue treatment and further action for the full amount of the charge.

**Patient's Full Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness:** \_\_\_\_\_

#### Sheffield Village Office

5001 Transportation Dr.  
Sheffield Village, OH 44054  
440-329-2800  
440-329-2810 Fax

#### Oberlin Office

224 W. Lorain St.  
Oberlin, OH 44074  
440-329-2800  
440-329-2810 Fax

#### Westlake Office

2211 Crocker Rd.  
Westlake, OH 44145  
440-329-2800  
440-329-2810 Fax