

Horton's Orthotics & Prosthetics

Providing a Lifetime of Support

WELCOME TO HORTONS

You guarantee payment for the services you receive. You will be billed directly for all costs that are not paid by an insurance carrier, government payer (including Medicaid) or other third party payer (called "Payer" herein). Depending on your insurance policy benefits, if any, you may be required to pay a co-payment, co-insurance, a deductible, or for the entire services rendered.

We will give your Payer 90 days to pay for your services. After that time, you will be billed for any unpaid balance on your account. If you have an unpaid balance after 90 days and no payment arrangements have been made, then your account will go to a collection agency.

It is essential that you provide complete and accurate information on your patient information sheet and that you keep all such information up-to-date. We use this information to submit claims to your Payer. If a claim is denied because of a problem with information you provided, your account may be referred to a collection agency. To avoid this, please keep your information complete, accurate and up-to-date.

Please be sure to bring a government-issued photo identification and your current insurance card(s) to every visit so that we may properly bill your Payer. Copies will be made of your insurance card(s) and your insurance verified. If an authorization is required, it will be obtained before starting fabrication or ordering.

We will need a prescription from your Doctor for any items ordered for you.

We will let you know your **estimated** financial responsibility **before** you receive your item(s). This is only an estimate because it will be based on your Payer's estimated coverage, which may vary from actual coverage provided.

If your item(s) need to be ordered or fabricated and cannot be fit the same day, ½ of the amount due must be paid before ordering or fabrication and is **non-refundable**. The processing time after authorization is from 2-6 weeks. If you are fit the same day, payment is due at that time.

We will notify you when your item is ready to be fit. We will set you up with an appointment at that time. Any remaining balance is due upon fitting.

After fitting, you have a guarantee as outlined in your Delivery Receipt. We want to know if you have any problems or need any adjustments, so please be sure to notify us.

You acknowledge that if your dependent or ward is provided services, you agree to be personally responsible for payment under these same terms and conditions.

In connection with my services which I am receiving from Horton's Orthotics and Prosthetics, I consent that photographs be taken of me or parts of my body for chart documentation as it relates to my medical condition and the services rendered. These photos may be used for teaching within Hortons and will not in any way be used by any third party company.

Please sign below to indicate that you have read the above office procedures, understand them as outlined, and accept receipt of services on these terms and conditions.

Print Patient Name

Date

Patient Signature (or signature of patient representative)