

Precision Orthopaedics, SC
Kyle Shepperson, MD

Patient Name: _____

Billing/Collection Policy and Procedures

Medicare and Other Insurance Claim Filing

If you are a Medicare patient and have provided us with your Medicare billing information, we will file your claim automatically. If you have other insurance and have provided us with the appropriate name and address of your carrier, Precision Orthopaedics will provide your insurance carrier with the necessary forms to process your claim.

If we do not have this information, you will be responsible for your bill. If you need additional assistance, the Business Office can provide any other necessary forms once your bill has been paid.

Billing Statements

After your insurance has adjudicated your claim, you will receive an itemized statement listing the amount owed by you along with your itemized account charges, receipts, and credits.

Payment

All charges are due and payable at the time of service or upon receipt of the initial statement. **Payments can be made by cash, check or credit/debit card. Checks should be made payable to Anderson Medical Group.** In making payment, regardless of source, please include in the lower portion of your statement to ensure that your payment is credited properly.

Your Billing Rights

This notice contains important information about your billing rights and our responsibilities under the Fair Credit Billing Act in case of errors or questions about your bill.

Notify us in case of errors or questions about your bill

If you think your bill is wrong or you need more information about a transaction on your bill, please contact the Anderson Medical Group's Billing Department at 866-724-6658.

Assignment of insurance benefits

I hereby authorize payment of insurance benefits otherwise payable to me, directly to Anderson Medical Group as the provider of services rendered not to exceed the provider's charges. I understand that I am financially responsible for charges not covered by this authorization. It is further agreed that any credit balance resulting from overpayment may be applied to other balances.

Receipt of notice of privacy practices acknowledgment form

I hereby acknowledge that I received the Billing/Collection Policy and Procedures of Anderson Medical Group, which is set forth in the ways in which my protected health information may be used or disclosed and outlines my rights with respect to such information.

Signature: _____

Date: _____

Printed Name: _____