



ORTHOPAEDIC INSTITUTE OF SOUTHERN ILLINOIS
Financial Policy

We at **OISI** are committed to treating you with dignity and respect. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you read and agree to, prior to any treatment.

CONTRACTED INSURANCES: Medicare, Railroad Medicare, Illinois Medicaid, Health Alliance HMO & PPO, Healthlink HMO (Tier I) & PPO (Tier II), Aetna, Wexford, Corvel, Group Health, BCBS of IL PPO Only, Federal BCBS, UMWA H&R Funds, Harmony Health, SIU Student Health Insurance, CIGNA, SIH CIGNA, and United Healthcare. We will submit your claim to your insurance; however, you are responsible for paying your deductible, co-pay and/or any services that are not covered by your plan. You are also responsible for knowing the guidelines for your insurance, which may include some limitations depending on your insurance coverage.

PRIVATE INSURANCE: We will submit your claim to your insurance as a courtesy to you. You are responsible for paying all balances not paid by your insurance. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company has not paid your account within 90 days, you are ultimately responsible for your balance.

NO INSURANCE: Full payment is due at the time of service unless you have made prior arrangements with a member of HIS by calling 855.321.4122. We will gladly accept payment by cash, checks, Mastercard, Visa, American Express or Discover.

WORK-RELATED INJURIES: Charges will be submitted for you IF all information has been fully furnished and signed by your employer. You will be required to provide us with the name and address of your compensation carrier, your claim number, and any health insurance you carry. IF all the information is not furnished and signed by your employer, we will assume and expect that you are responsible for payment.

AUTHORIZATION: I authorize any provider within OISI to release records pertaining to my health to insurance companies. All other records requests should go through our medical records department. I authorize release of my x-rays to above said persons. I request payment under the medical insurance program to be made directly to appropriate above said physicians. Should my account become delinquent and referred to collection, I shall pay all collection expenses, court costs and attorney fees.

SOUTHERN ILLINOIS ORTHOPEDIC CENTER: Some or all of the physicians of Orthopaedic Institute of Southern Illinois have ownership in Southern Illinois Orthopedic Center. Your physician may use the services of Southern Illinois Orthopedic Center should you need an outpatient surgery. You will also be notified of the physician's ownership upon your pre-operative visit at SIOC. If you receive any type of service from Southern Illinois Orthopedic Center, you will receive a separate bill from Southern Illinois Orthopedic Center.

NORTHSTAR ANESTHESIA: Southern Illinois Orthopedic Center utilizes NorthStar Anesthesia to provide anesthesia services. If you receive any surgical service from Southern Illinois Orthopedic Center, you may receive a separate bill from NorthStar Anesthesia.

“I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND AGREE TO THE CONTENTS.”

Patient signature: _____ **Date:** _____

Signature of other responsible party: _____

Relationship to patient: _____

Updated 01/10/2023