

## **Orthopaedic Associates of Green Bay Financial Policy and Signature on File**

Payment for all services is the responsibility of the patient. As a courtesy to all patients, Orthopaedic Associates of Green Bay will file a claim with your insurance company. However, this is not a guarantee of payment, therefore it is important for you to be aware of your insurance coverage and limitations. Ultimately, financial responsibility for services rendered rests with the patient and/or their family regardless of the nature or extent of insurance coverage. Any co-payment is expected at the time of service. Payment of co-insurance, deductible or amount not paid by insurance is due upon receipt of a statement by our Business Office.

For your convenience, Orthopaedic Associates of Green Bay accepts cash, personal check, MasterCard or VISA..

If additional financial counseling is needed please contact our Business Office at 920-432-6740.

I have read, understand and agree to the financial policy stated above. I hereby authorize payment of medical benefits to Orthopaedic Associates of Green Bay for any service furnished me by that provider. I authorize physician and clinic to release any of my personal information to process insurance claims.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_