



Research • Education • Treatment

ESTIMATED FINANCIAL RESPONSIBILITY

Patient Name:

Account #:

Service Date:

Provider: Dr. Vonda Wright

Thank you for allowing Hughston Clinic Orthopaedics to participate in your orthopaedic healthcare. Our goal is to provide you notification with estimated financial responsibility directly related to your care.

If you have insurance, we have verified your insurance benefits as part of our services to estimate the specialty visit and all that will not be covered by your insurance company. The fees outlined below are only an **estimate**. The out of pocket amount can adjust in the event there is a variance in the planned encounter(s) and the procedure(s) performed. In Addition, we strongly encourage you to consult with your health insurer to determine accurate information about your financial responsibility for a health care service provided at Hughston Clinic Orthopaedics.

If you are not covered by health insurance, please contact us to discuss payment estimates of the bill for medical items and services prior to receiving services from Hughston Clinic. Please note, posted health care prices may not reflect the actual amount of your financial responsibility.

For Self-Pay/Cash Patients - New patients are expected to pay a \$350.00 deposit prior to being seen, \$750.00 for fracture. At the end of the visit, we will apply a 30% discount to your charges. If you owe less than your deposit, you will be refunded the remainder of your deposit. If you owe more than your deposit, you will be notified of the balance. You may pay at check out or make payment arrangements with us to settle your balance.

Self-Pay – Sliding Fee Schedule

Code	Description	Cost	Reduced by	Pt Charge
99201	<i>New Pt Office Visit Minor</i>	\$152.00	30%	\$106.40
99202	<i>New Pt Office Visit Mod</i>	\$254.00	30%	\$177.80
99203	<i>New Patient / Office visit Moderate</i>	\$362.00	30%	\$253.40
99205	<i>New Patient / Office visit High</i>	\$705.00	30%	\$493.50
99211	<i>Pre-op Visits</i>	\$76.00	30%	\$53.20
99212	<i>Established Pt Minor</i>	\$151.00	30%	\$105.70
99213	<i>Established Pt Low - Mod</i>	\$252.00	30%	\$176.40
99215	<i>Established Pt Mod- High</i>	\$493.00	30%	\$345.10

It is the policy of Hughston Clinic Orthopaedics to collect the amount outlined above in addition to existing outstanding account balances prior to services received. We accept cash, cashier's checks, and credit/debit cards (Visa, MasterCard, Discover and American Express). **Your balance may be paid via phone call to the number below or at the time of your visit.**

As a reminder, this is an estimated amount for the physician.

Please feel free to contact me if you have questions or concerns. I will be happy to discuss any aspects of this process with you.

Thank you,

Patient Name Print _____ Signature: _____ Date: _____

Legal Guardian: _____ Signature: _____ Date: _____