



HITTENBERGER  
orthotics and prosthetics LLC

## Financial Policy

**Welcome.** We are fully committed to providing you with the best possible orthotic and prosthetic care. Prior to treatment however, we want you to have a clear understanding of your financial responsibilities. If you have any questions regarding our financial policy, please ask our office staff **prior** to your appointment.

All orthotic and prosthetic devices require a prescription and a copy of your physician's notes.

**If the services we provide are less than \$250, payment will be expected at the time of delivery.** We will provide you with a Service Fee Estimate to forward to your insurance company

**HMO, PPO and Indemnity Insured Patients:** Payment in full is due and payable at the time of service unless you are a member of a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) to. In this case, payment of your co-pay, deductible and/or co-insurance is due at the time of service. We will bill your insurance.

**Private Pay, Personal Injury, Third Party Patients:** Payment in full is due and payable at the time of service. We do not accept auto insurance claims.

**Medicare:** Effective January 1, 2014, we are a **NON-PARTICIPATING** provider for Medicare. This means we no longer accept assignment. Payment is due at the time of your visit. We will submit the insurance claim to Medicare and payment will be reimbursed to you. See reverse side for additional information.

**Workers Compensation:** You are responsible for knowing what coverage you have and what is offered through your plan. You will need a referral from your prescribing physician, required contact information and an authorization from your Workman's Compensation Company before any device is dispensed.

**Custom Devices:** If a custom orthosis/prosthesis is prescribed, we require a deposit of 50% at your initial visit and 50% at the time of delivery. Care Credit is also available.

**Insurance Contracts:** Your health insurance is a contractual relationship between you, the patient and your insurance company; ultimately, you are responsible for payment. **We will bill your insurance company as a courtesy;** however, we cannot become involved in disputes between you and your insurance company. In the event that your insurance company denies payment for any reason, after we have begun fabrication or you have received the prescribed item, it does not relieve you of your financial responsibility.

We accept cash, checks or credit card payments. All returned checks are subject to a \$25.00 processing fee.

**Appointment Schedule:** Due to the busy nature of our practice and the expense associated with holding an appointment time open, we require 24 hour notification if you need to cancel or reschedule your appointment. **If you do not call within 24 hours to cancel or reschedule you will be billed \$50.00. This charge is not covered by your insurance. Patients who arrive 15 minutes or more after their scheduled appointment time may be asked to reschedule.**

**(CONTINUED – OTHER SIDE)**

**Adjustments & Follow-up Appointments:** We will attempt to answer all questions at your initial appointment. Please make sure your device is comfortable, that you know how to apply it, take it off, and care for it. We provide written instructions upon request. There is no charge for follow up visits or modification of your device *immediately* following delivery. We strongly encourage you to return to our office for routine maintenance, periodic adjustments and reevaluations every six months to make sure your device continues to perform well.

**Non-Covered Medicare Items:** Medicare does not cover all prosthetic and orthotic items. They do not cover compression stockings, elastic supports of any type, foot orthotics, fracture/knee/body interface socks or shoes (unless they are attached to a brace). Please ask if you have any additional questions. Medicare requires that the prescription be less than 90 days old. Physician documentation is required for ALL Medicare patients before dispensing any item per Medicare guidelines.

**Advanced Beneficiary Notice:** Medicare requires that you sign an "Advanced Beneficiary Notice (ABN)" for those items that are considered not "**medically necessary**" by Medicare. This notice lists the non-covered items, the reason(s) for non-coverage, and your options of payment and asks for your signature. By signing this form, you acknowledge that you know an item is not a Medicare covered benefit. Please keep in mind that payment for the non-covered items listed on the ABN form are your responsibility and due at the time of delivery.

ADDITIONAL MEDICARE INFORMATION CAN BE FOUND IN YOUR MEDICARE HANDBOOK OR ONLINE AT [WWW.MEDICARE.GOV](http://WWW.MEDICARE.GOV)

**Shipping Fees:** Shipping and handling fee will be charged to the patient.

**Unclaimed Items:** We will not be responsible for items left in our office for more than 30 days following your initial delivery appointment. In either case, you will be charged for our services, shipping and consultation.

**Health Regulations:** Department of Public Health regulations restrict us from reusing any item worn by an individual, therefore intimate and custom-made items are not returnable.

***I have read and understand the financial policy. I understand that I am ultimately responsible for all charges regardless of whether or not covered by my insurance and hereby authorize release of all information necessary to secure payment to Hittenberger Orthotics and Prosthetics, LLC.***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

***Hittenberger Orthotics and Prosthetics, LLC***

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