

# Financial Policy

Thank you for choosing Transcend Orthotics & Prosthetics, LLC. We are committed to the success of your care!

Health insurance can be confusing, especially when it comes to determining which orthotic and prosthetic services are covered. We can help! The staff at Transcend Orthotics & Prosthetics, LLC is happy to assist you by answering any billing questions you have.

Our administrative team will make considerable efforts to provide you with an accurate estimate of cost to you, but please understand that Transcend Orthotics & Prosthetics, LLC, cannot guarantee coverage. Benefits are determined by your insurance at the time your claim processes. All benefit calculations are only an estimate, based on information we receive from your insurance company.

The following information is provided to help clarify your financial responsibility and outline the efforts of our staff to assist you in determining your coverage and benefits. We encourage you to contact your insurance provider for plan specific information. Please note this document does not cover all situations, nor is it an all-inclusive listing of all possible situations.

If you have...	You are responsible for...	Our staff will...
<ul style="list-style-type: none"> <li>• <b>Insurance Provider with whom we have a contract (including VA)</b></li> </ul>	<p>If the services you receive are covered by the plan: patient portion (deductibles, co-insurance, etc.) due on or before the date of delivery.</p> <p><u>If the services you receive are non-covered by the plan:</u> Payment in full, due on or before date of delivery.</p>	<ul style="list-style-type: none"> <li>• Contact your insurance provider to obtain your eligibility, benefit information, authorization requirements, and the estimated patient portion (deductible, coinsurance).</li> <li>• Request authorization for services (if required)</li> <li>• Submit the Claim</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Insurance Provider with whom we are Not Contracted, or we are NOT an "In- Network" provider</b></li> </ul>	<p>Payment in full due on or before the date of delivery, unless your plan agrees to pay us directly.</p>	<ul style="list-style-type: none"> <li>• Contact your insurance provider to obtain eligibility, authorization requirements, and out-of-network benefit information</li> <li>• Request authorization for services (if required)</li> <li>• Submit your insurance claim if your plan agrees to pay us directly</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Medicare Part B</b></li> </ul>	<p><u>If you have Medicare B</u>, and have not met your deductible, payment due on or before date of delivery.</p> <p><u>If you do not have secondary insurance</u>, Medicare coinsurance amount due on or before date of delivery</p> <p><u>If the services are non-covered by Medicare</u>, payment in full due on or before the date of delivery</p>	<ul style="list-style-type: none"> <li>• Contact Medicare and secondary insurance provider (if applicable) to obtain your eligibility and benefit information</li> <li>• Provide you with advanced notice of noncovered services (ABN form)</li> <li>• Submit your insurance claim to Medicare, as well as any claims to your secondary insurance</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Medicaid</b></li> </ul>	<p><u>If the services are non-covered codes by Medicaid</u>, Payment of total charges due on or before the date of delivery.</p>	<ul style="list-style-type: none"> <li>• Contact local Medicaid office to obtain eligibility, benefit information, authorization requirements, and patient portion (if applicable)</li> <li>• Request authorization for services (if required)</li> <li>• Submit insurance claim to Medicaid</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Worker's Comp</b></li> </ul>	<p><u>If the services you receive are covered by the Worker's Comp:</u> Patient portion (if applicable) due on or before date of delivery.</p> <p><u>If the services are not authorized by Worker's Comp:</u> payment in full, due on or before date of delivery</p>	<ul style="list-style-type: none"> <li>• Call your Worker's Comp plan to obtain your eligibility, benefit information, and patient portion (if applicable) as well as obtain prior authorization (if required)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>No Insurance</b></li> </ul>	<p>Payment in full due on or before date of delivery</p>	<ul style="list-style-type: none"> <li>• Advise you regarding charges for services provided.</li> </ul>

Convenient Payment Methods: We accept payment by: cash, check, credit card, CareCredit, or 3rd party patient financing. **NOTE:** Charges not covered by your insurance plan, as well as applicable co-insurances and deductibles, are your responsibility.