

The Ryu Hurvitz Orthopedic Clinic

2936 De La Vina Street First Floor
Santa Barbara CA 93105
Telephone (805) 963-2729
Fax (805) 963-3818

Financial Policy

Insurance Change and Collection Policy

A copy of your insurance card is required at your appointment. If you do not have your insurance card on hand, our office requires a credit card be placed on file. If your insurance card is not provided to the office by the end of business day the day of your appointment, the appointment will be treated as a self-pay visit and your credit card will be charged. All further treatment will be halted until insurance is on file.

It is the patient's responsibility to inform the office in a timely manner of any changes or upcoming changes to insurance coverage. Failure to provide our office with your updated insurance coverages may result in you paying the full cost for your consult and treatment, and postponement or cancellation of appointments and/or surgery.

Additionally, insurance and demographic information must be collected during your first visit after the start of the new year for compliance purposes. This stands whether your insurance plan has changed or not.

Your initials indicate your acknowledgement of the above and agree to provide updates to insurance information with ample time leading up to appointments and/or surgery.

Initials: _____

Forms Completion Policy

It is our office policy to charge for the completion of paperwork for the Family Medical Leave Act (FMLA), long-term care, life insurance, disability claims, or for other purposes that are not covered benefits by your insurance. Our standard fee covers a one-time completion and submission of these forms. After the form has been completed, additional fees will be applied for updates, extensions, or additional required information.

Notes for travel, gyms, other miscellaneous purposes will be assessed, and collection of a fee will be determined upon receipt of the request.

If records review and medical expertise are required for the completion of a letter, such as legal requests for medical opinion, will be assessed, and collection of a fee will be determined upon receipt of the request.

If the form to be completed was sent to us by an organization, we will notify you of the exact amount that is due. If a release of medical records is not attached, you will need to complete the release of medical records form before we can proceed. To limit what is disclosed, please make sure that you fill out the condition, body part, or time frame we should limit records to.

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Completion of some forms may require an update of your medical information or additional examination. In such cases, you will be asked to make an appointment before we are able to complete the forms.

Form completion and processing fee: \$25.00 per 1-5 page form; \$35.00 per 5+ page form

We will complete the form and send it to the designated recipient within 7-10 business days of receipt of payment.

Rush requests: \$35.00 per form

We will complete the form and send it to the designated recipient within 2 business days of receipt of payment.

If you would like us to complete a specific form, please have it mailed, faxed, or personally delivered to our office. To avoid delays, please send the form with payment.

Initials: _____

Surgery Deposits

If you are having surgery, the Surgery Coordinator will contact your insurance company to verify eligibility, benefits, and pre-certification/pre-authorization.

There are three components to your surgery bill: surgeon fee, facility fee, and anesthesia fee. Our office collects for the surgeon's fee only. Contact information for facility fee and anesthesia fee will be provided by the Surgery Coordinator.

Depending on your coverage and deductible, you may be required to pay a pre-surgical deposit. The surgery deposit must be paid in full before the date of surgery. Should the cost of the actual procedure performed differ from the estimated cost of the procedure, you will be refunded or billed for the difference.

Your initials indicate your acknowledgement of the above and your understanding that failure to pay the required surgery deposit may result in the cancellation of your surgery.

Initials: _____

Surgery Cancellation Policy

An extensive amount of time and effort goes into schedule each patient's surgery. Last minute surgery cancellations take surgical time away from both the physician and from other patients in need.

The Ryu Hurvitz Orthopedic Clinic will charge a \$200.00 cancellation fee for any surgeries cancelled within two (2) business days of the date of surgery barring any unforeseen or extenuating circumstances. Allowances are made at the discretion of the surgeon.

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Your initials indicate your acknowledgement of the above and agree to pay any applicable surgery cancellation fees.

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Additional Financial Policies

Please remember that payment of your bill is part of your treatment and care. Insurance is not a substitute for payment. Your financial responsibility depends on a variety of factors, including but not limited to deductible, co-insurance, and co-pays. You must also be eligible at the time of service for your insurance to apply. If you have questions about your benefits, please contact your insurance company's member services department for a detailed explanation.

It is the patient's responsibility to obtain updated referrals when applicable. Common examples of insurance types that require referrals include but are not limited to: CenCal, TriCare, Veterans Health, UC SHIP, and HMO Policies (see below). Failure to provide our office with your effective referral may result in you paying the full cost for your consult and treatment, and postponement or cancellation of appointments and/or surgery.

The doctors at The Ryu Hurvitz Orthopedic Clinic are PPO providers; they also take Medicare and CenCal (county Medi-Cal for Santa Barbara County **only**, but they do **not** take State Medi-Cal). Please understand that there are many different plans where the network is narrow. If your doctor is not contracted with your insurance plan, they will still be glad to see you. We will still bill your insurance and they will process the claims as out-of-network. However, we will collect fees for the visit at the time of service. It is your responsibility to verify with your insurance that the rendering provider is indeed in-network. We are glad to provide you with the Tax ID for verification.

Below is a list of insurance plans that they are **not** contracted with, to the best of our knowledge.

- **Dr. Richard K.N. Ryu** is **not** contracted with: State Medi-Cal, Anthem Blue Cross Pathway, and Blue Shield SHOP, or HMOs (except for Physicians Choice of Santa Maria and Blue Shield HMO in Santa Maria; both of these plans require a referral from the patient's PCP).
- **Dr. Graham Hurvitz** is **not** contracted with: State Medi-Cal, United Health Care Core/W500, Anthem Blue Cross Pathway, or HMOs (except for Physicians Choice of Santa Maria and Blue Shield HMO in Santa Maria; both of these plans require a referral from the patient's PCP).
- **Dr. Jervis Yau** is **not** contracted with: State Medi-Cal, Anthem Blue Cross Select, Anthem Blue Cross Pathway, or HMOs.
- **Dr. Danielle Thomas** is **not** contracted with: State Medi-Cal, Anthem Blue Cross Select, Anthem Blue Cross Pathway, and HMOs (except for Physicians Choice of Santa Maria and Blue Shield HMO in Santa Maria; both of these plans require a referral from the patient's PCP).

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We have stopped sending paper statements and now send electronic invoices via text and email. You can email your billing inquiries to billing@therhoc.com.

Your insurance may require additional information from you once claims are submitted. Failure to provide your insurance with the requested information may result in claims denial.

The Ryu Hurvitz Orthopedic Clinic has the right to send you to collections for any patient balance that is still outstanding after three (3) monthly statements have been sent to you, or if patient balance is still outstanding six (6) months after insurance has processed claims unless other arrangements have been made with our Billing Manager.

Initials: _____

Physician Payments Sunshine Act

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments webpage is provided here. The federal Physician Payments Sunshine Act (PPSA) requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public. The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Initials: _____

I have read, understand, and agree with the Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayment, coinsurance, and deductible, are my responsibility.

I authorize my insurance benefits be paid directly to Dr. Richard K. N. Ryu, Dr. Graham Hurvitz, Dr. Jervis Yau, or Dr. Danielle Thomas.

I authorize Dr. Richard K. N. Ryu, Dr. Graham Hurvitz, Dr. Jervis Yau, or Dr. Danielle Thomas to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

Patient Name

Patient Signature

Date

If this form has been filled out on behalf of the patient:

Name of Person Completing Form

Relationship to Patient

Date