

MINNESOTA BONE AND JOINT SPECIALISTS

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FINANCIAL POLICY

ALL PAYMENTS ARE EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. Minnesota Bone and Joint Specialists accepts cash, personal checks and credit card. There is a service charge for all returned checks.

Patients with an overdue balance must make arrangements for payment prior to scheduling appointments.

INSURANCE:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you may be expected to pay the balance in full. You are responsible to be sure all charges are paid whether by you or by your insurance carrier.

If you need assistance or have questions, please contact **The Billing Coordinator between 8:30 a.m. and 5:00 p.m., Monday through Friday at 952-843-4300.**

REFERRALS:

Please contact your insurance company or primary clinic to see if a referral is needed for your visit. Retroactive referrals are not guaranteed.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand the **Minnesota Bone and Joint Specialists** Financial Policy. I agree to assign insurance benefits to **Minnesota Bone and Joint Specialists** whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Print Patient Name: _____

Signature of authorized representative: _____

Relationship to Patient: _____

Date: _____