

# FINANCIAL RESPONSIBILITY & RETURNS POLICY

**Thank you for choosing Bakersfield Prosthetics & Orthotics!** As part of our commitment of service to you, we will make every attempt to verify your insurance benefits and eligibility at the time your services are rendered. However, **insurance verification or authorization is not a guarantee of insurance payment.** This only allows our office to provide you with a preliminary estimate of any amount due by the patient before charges are incurred. Your patient portion is subject to change based on the final claim determination by your insurance carrier.

All billing questions must be directed to the administrative staff. **Practitioners will not be able to discuss financial concerns** Please inform the staff of any changes in your insurance before your item is provided.

- **Medicare, Medicaid and Private Insurance plans:** The patient is responsible for paying deductibles and co-insurance amounts on or before the date of delivery of the device.
- **Self-Pay patients:** If the patient does not have insurance, or we are not billing insurance, full payment for services is due on or before the delivery date of the device. For custom-fabricated devices, 50% of the payment is due at the time of the evaluation and the remainder is due at delivery appointment.
- **Out-of-Network plans:** We are not contracted with all insurance companies. We will contact your insurance company to determine your Out-of-Network benefits and submit your claim if they agree to pay us directly. The patient is responsible for paying deductibles and co-insurance amounts in full at the time of evaluation. Our standard Return Policy applies for all delivered items (see below).
- **Methods of payment:** We accept Cash, Check and Credit or Debit Cards. A **3% transaction fee** will be assessed when payment is made via Credit or Debit card. There will be a **\$50 fee for returned checks.**
- **Warranty Period:** The warranty period for all workmanship is 90 days from the date of delivery. Adjustments or repairs that are done within the warranty period will be done at no charge. There will be a separate charge for any work done outside of the warranty period or if the work is done due to anatomical changes.
- **Delinquent Accounts:** All invoices determined to be the patient's responsibility are due upon receipt. Any balances not paid in full immediately will incur a statement fee of **\$10 per statement sent** after the first notice. Failure to make payments after the third statement will result in turning accounts to collections.
- **Returned Items: Custom items, Compression Stockings, Compression Garments (sleeves, gloves, gauntlets), and Bras are all non-refundable and non-returnable items.** Returns of any other items will be determined by the manufacturer's policy. If a device is being returned due faulty componentry, it will be determined by clinician for repair, adjustment, or exchange without charge within the 90 day warranty. A 30% restocking fee is assessed for ALL approved returns.

I have read the above in full and understand the terms and conditions set forth completely and have addressed any questions with BPOC staff.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_