The Idaho Clinic
HIP AND KNEE REPLACEMENT

Agreement of Patient Financial Responsibility Policy
The Idaho Clinic: Hip & Knee Replacement

Thank you for choosing The Idaho Clinic: Hip & Knee Replacement for your orthopedic care. We are committed to providing you with the highest quality medical services. Please review the following financial policy, which outlines your responsibilities as a patient. If you have any questions, do not hesitate to ask.

Insurance Information
It is the patient's responsibility to know their insurance policy and its limitations. Patients agree to pay for all portions of services due in full at the time services provided by our office. It is crucial that the patient is aware of their insurance benefits. If the patient's insurance company denies service for prior authorization, the patient is responsible for the timely payment of services. The patient is required to present a valid insurance card on the patient's first visit and as needed through care. If there are any changes to the patient's insurance, they are responsible for informing us about those changes and presenting the new card.

Co-Payments
Your insurance plan requires that co-payments be collected at the time of service. If your co-payment is not collected at the time of service, you will receive a statement in the mail indicating you have a balance to be paid.

Self-Pay
If you do not have health insurance coverage, you will be considered a self-pay patient. An office visit service fee of $150 is required at the start of your appointment per visit.

If eligible for surgery, patients are responsible for paying the self-pay rate of $3,200 (per joint) for any joint surgery replacement prior to setting up a surgery date. This payment must be processed at the time of signing up for surgery and/or at their pre-operative appointment. If unable to make this payment prior to the surgery date, the patient's surgery will be cancelled.

Commercial Insurance Carriers
We bill most insurance carrier for the patients if proper paperwork is provided to us. Any outstanding balances, co-payments, and deductibles are due prior to checking in for your appointment.

Medicare
We will submit claims to Medicare and your secondary insurance (if applicable). If no secondary insurance exists, you are responsible for deductibles and co-insurance amounts.

8854 W. Emerald St, Ste. 290 Boise, ID 83704
hello@theidahoclinic.com
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Non-Covered Services
Your physician may prescribe Durable Medical Equipment (DME) as part of your care. If these items are not covered by your insurance, or if authorization is denied, you are responsible for payment. DME items are non-refundable and cannot be returned.

Forms for Disability, FMLA, or Insurance
There is a $25 admin fee required for each completed form. This fee is to be collected at the time of when the patient's request for the forms to be completed.

Please allow 7–10 business days for completion. It is the patient's responsibility to notify and provide us with these forms in a timely manner prior to them being due.

Collections and Legal Action
If your account is not paid in full, we reserve the right to pursue all necessary and appropriate actions, including referring your account to a collection agency or attorney. You are responsible for all fees associated with these efforts.

Accepted Payment Methods
We accept cash, checks, Visa, MasterCard, Discover, American Express, and debit cards.

Authorization and Acknowledgment
I have read the financial policies contained above. I authorize The Idaho Clinic to release medical information as necessary to process insurance claims and assign payment directly to the clinic for services rendered. I understand that I am responsible for any amounts not covered by my insurance.

_____ _____
Signature of Patient/Responsible Party Today's Date

_____ _____
Print Name of Patient/Responsible Party Relationship to Patient (if applicable)

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