



EFFECTIVE APRIL 1, 2017

UNDERSTANDING YOUR BILL

It is Graham Orthopedics and Sports Medicine, Graham Surgery Center and Johnson Physical Therapy policy that all **co-pays and co-insurance** are to be paid at the time of service because of legally binding contracts. After your treatment at Graham Orthopedics and Sports Medicine, Graham Surgery Center, and Johnson Physical Therapy, a bill will be **submitted** to your insurance company for payment of services rendered.

As you prepare for your appointment, we want to make sure you understand how you will be billed for the services you received. *You may receive up to three separate bills.* The success of your treatment depends on a team effort by many dedicated professionals at the three facilities at this location. **Due to government and insurance rules** each facility of our team must send you a separate bill and collect payment from you separately.

Here is an explanation of the bills you may receive:

1. **GRAHAM ORTHOPEDICS - PHYSICIAN'S BILL** initials _____
Your physical assessment, injections, and medication management will be performed by an Injury Specialists physician. At each appointment your co-pay and/or estimated in-network co-insurance will be collected at the time of service. Your patient statement will be sent from the physician's office - **Graham Orthopedics and Sports Medicine**. Questions and payments regarding your patient statement should be addressed to our billing office at 1-800-456-7890.



2. **GRAHAM SURGERY CENTER** initials _____
Your injections are performed in the treatment rooms of **Graham Surgery Center**. A \$60.00 deposit toward your patient balance is collected at the time of service. **Graham Surgery Center** will bill you for any remaining in-network portion not paid by your insurance. Questions and payments regarding your **Graham Surgery Center** statement should be addressed to our billing office at 1-800-456-7899.



3. **JOHNSON PHYSICAL THERAPY** initials _____
Your physical therapy will be performed by licensed physical therapists through Johnson Physical Therapy. At each appointment your co-pay and/or estimated patient responsibility will be collected and Johnson Physical Therapy will bill you for any remaining portion not paid by your insurance. Your patient statement will be sent from Johnson Physical Therapy. Questions and payments regarding your **Johnson Physical Therapy** patient statement should be addressed to our billing office at 1-456-566-8960 option 4.



When you receive check(s) with an explanation of benefits (EOB) from your insurance for services performed at one of our facilities, please endorse the check(s) over to the appropriate facility and then mail the check along with your EOB, as soon as possible to the facility.

We realize that these multiple bills can be confusing. Our staffs will do their very best to help you with questions and guide you to the proper sources of information.

Patient Signature

Date

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-123-456-7890 (TTY: 1-123-456-7891).
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-123-456-7890 (TTY: 1-123-456-7891).
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-123-456-7890 (TTY：1-123-456-7891)。