

ProSport Orthopaedics

James Dettling, MD

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Las Vegas, NV 89106

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BILLING POLICIES

*****Please initial on all lines indicating your understanding of each of our billing policies. It is also necessary to sign and date at the bottom of this page.**

_____ Please note that we bill your insurance as a **courtesy**. All billings regardless of insurance are **ultimately the patient's responsibility**.

_____ Your insurance will be billed one time. If there is no payment within 30 days you will receive a statement. We ask that you please contact your insurance to check the status of your claim at this time.

_____ Regardless of insurance **ALL** accounts greater than 90 days past due become due and payable from the patient.

_____ Co-pays and deductibles are due prior to seeing our physicians. **It is the patient's responsibility to know their insurance plan's co-pay and deductible amounts as well as plan provisions.**

_____ **Returned Checks (NSF) will be charged a \$25.00 administration fee.**

Collections:

_____ Accounts more than 120 days past due not paid by either the patient or their insurance will be turned over to a collection agency.

_____ **All accounts turned over to collections will be charged a 20 % administration fee. This fee is based upon the total amount owed to Dr. Dettling at the time the account is sent to collections.**

By signing this form I hereby acknowledge that I understand and agree to these terms as set forth in this document.

Date

Signature of patient or person acting on behalf of patient