

**Lehigh Valley Institute for Sports & Musculoskeletal Medicine**  
65 East Elizabeth Avenue\*Bethlehem, PA 18018\*610-691-8537  
Financial Agreement

**Insurance Patients** – The percentage of coverage by your insurance company may be based on your insurance company’s own reduced fee schedule for medical services and may be less than actual charges, resulting in lower coverage for you. While most physician and rehabilitation services are covered to some degree by insurance, you are ultimately responsible for your bill. If a minor presents for treatment, the person accompanying the minor is responsible for the bill. We have no control over this situation. Lower payment is a direct result of the plan selected by your employer. Unless prior arrangements are made otherwise, payment is expected at the time of service rendered. Supplies such as braces, orthotics, and nutritional supplements typically are not covered by insurance. We will be happy to arrange payment options for you, if needed.

**Insurance** is a contract between you and your insurance company. We are not party to this contract. We will inform you if we participate with your insurance and will handle your claims according to our contract with that company. We file insurance claims as a courtesy to you and your family. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered and non-covered services or usual and customary. **You are ultimately responsible for all charges whether or not paid by insurance.**

**Assignment of Insurance Benefits** – In the event that you are entitled to any benefits of any type whatsoever arising out of a policy insuring you or another party’s liability to you, you hereby assign said benefits to Lehigh Valley Institute for Sports & Musculoskeletal Medicine, to be applied to your bill. **If by any chance you receive a check from your insurance company for our services you agree to forward the same to our office within five business days.**

**No Insurance** – We know, at times, patients do not have insurance. If this is the case, the service and cost may be discussed with you prior to the service. At such said time a payment plan may be set up, if so needed or desired.

**Payment** – All payments are due at the time of service unless other written arrangements have been made with the approval of Lehigh Valley Institute for Sports & Musculoskeletal Medicine. Patients with any balance for services provided will be billed on a monthly basis and payment is due upon receipt of invoice. Co-payments must be paid at the time of registration for the office visit. Returned checks are subject to a charge of \$40.00 or 5% of the face value, whichever is greater. Accounts not paid in full may accrue a service charge for rebilling at the maximum rate for each billing cycle that your account is outstanding to cover administrative expenses.

**Counseling/Next of Kin** – Due to limited space and confidentiality requirements no one is authorized to accompany the patients, with the exception of parent or legal guardian in the event the patient is a minor, unless the patient and Provider agree to it. Additional office appointment(s) may be scheduled with the patient’s authorization to explain the condition and treatment to relatives and or guardians. **THIS IS A SEPARATE VISIT AND WILL BE BILLED ACCORDINGLY.**

**Appointments** – Office hours are by appointment only. Please call the above office number to schedule an appointment. Also, patients may be charged \$50 for missed appointments (no shows). To prevent missed appointment charges patients must call 24 hours prior to their scheduled appointment and cancel the same. Patient’s who do not cancel appointments may be discharged from the practice after the third no-show.

**Prescription Refills** – Patients who require refills on any prescribed medication must make an appointment with the physician. We do not refill medication for patients over the phone. Please anticipate your medication needs and make arrangements for a refill-request appointment according to the following schedule:

Monday & Friday – 8:30-11:00 a.m. and 1:00-4:30 p.m.

Tuesday & Thursday – 10:00 a.m. – 2:00 p.m.

Wednesday – 11:00 a.m. – 3:00 p.m.

**Forms** – Patients requiring any type of form/paperwork to be filled out must schedule an appointment with the provider. Specific forms must be provided by the patient and presented at the time of the visit. Lehigh Valley Institute for Sports & Musculoskeletal Medicine reserve the right to charge a fee for faxes, copies, and completing forms.

**Additional Policies (Children/Young Adults)** – Children are welcome at the Lehigh Valley Institute for Sports & Musculoskeletal Medicine, but for safety’s sake we ask that when brought to the office they must be supervised. It is requested that any person under the age of 18 years be accompanied by an adult during physician/patient consultation.

**Penalties** – Failure to keep accounts current will result in Lehigh Valley Institute for Sports & Musculoskeletal Medicine being unable to provide additional services except for emergencies. In the case of default of payment by you, by signing this form, you agree to pay any reasonable collection or attorney fees. Lehigh Valley Institute for Sports & Musculoskeletal Medicine reserve the right to charge and you agree to pay a late payment fee of \$25.

**Errors or Questions** – If you think your billing statement is incorrect. Or if you need more information about a transaction on your account, write us on a separate sheet at the address listed on your bill. We must hear from you in writing within 45 days from the original bill date if there are any questions or concerns. Otherwise the billed amount shall be considered accepted and entered as such. In order to process your request properly we require a letter with your name, account number, the dollar amount contested and a brief description of the situation.

I have read and fully understand the financial policy set forth by Lehigh Valley Institute for Sports & Musculoskeletal Medicine, and I agree to the terms of the financial policy. I also understand and agree that the terms of the financial policy may be amended by Lehigh Valley Institute for Sports & Musculoskeletal Medicine at any time without prior notification to the patient/guardian.

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date