

## Summit Orthopedics

4607 MacCorkle Ave. S.W., Suite 401  
So. Charleston, WV 25309  
Telephone: (304) 414-2120  
Fax: (304) 414-2127

Phillip D. Surface, D. O.  
Diplomat, American Osteopathic Board of Orthopedic Surgery  
Diplomat, National Board of Osteopathic Examiners

Matthew D. Stover, D.O.

### Financial Policy Agreement

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy which we require you read and sign prior to any treatment.

In order to achieve the office goals of providing the finest medical care at the lowest possible cost, we need your assistance, and your understanding of our payment policy:

**YOUR PORTION OF PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, OR VISA/MASTERCARD. WE ALSO OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR APPROVAL.**

All patients must complete our patient information form before seeing the doctor.

In order to keep our fees to minimum, we require that you pay your portion at the time of service so that we do not have to send bills.

We gladly accept assignment of insurance, if we are participating providers of that insurance. However, your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Therefore, if your insurance company does not pay for services rendered, it is your responsibility.

By law your insurance carrier must remit payment or deny your claim within 30 days. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel it is necessary to work together to resolve any insurance problems. If your insurance company has not paid your account in full within 90 days, the balance will become your responsibility.

Our office firmly believes that a good doctor/patient relationship is based upon understanding and good communications. Thank you for understanding our financial policy. If you have any questions about financial arrangements, please feel free to talk with our billing supervisor or office manager. We will make every effort available to you to clarify any misunderstanding you have concerning your balance. We are here to help you.

Sincerely,

Phillip D. Surface, D. O.

Matthew D. Stover, D.O.

I have read, understand and agree to this financial policy.

X \_\_\_\_\_  
Signature of Patient

X \_\_\_\_\_  
Date