St. Charles Orthopaedic Surgery Associates
Self-Pay Patient Policy

Policy: In order to make our services accessible to patients lacking health care coverage, St. Charles Orthopaedic Surgery Associates (“SCOSA”) offers a significant discount for self pay patients. SCOSA will identify patients without insurance coverage and consistently apply a method of billing, discounting, and collecting from the uninsured in the community. Patients without insurance coverage are not required to apply for the self-pay discount in order to obtain treatment at St. Charles Orthopaedic Surgery Associates.

Procedure:

• Self-Pay patients will be identified when they initially contact the office for an appointment. A Self-Pay Patient is defined as a patient who (i) has no health insurance coverage of any kind, including federal and state health care programs such as Medicare and Medicaid or other insurance coverage such as insurance provided by a school, AFLAC, or homeowner’s policy; (ii) does not claim third party liability for the patient’s health care treatment; (iii) is not eligible for worker’s compensation coverage; and (iv) has no other responsible party covering the expenses associated with the care received from St. Charles Orthopaedic Surgery Associates.

• If a patient claims to have public or private health insurance coverage but is not able to produce verifiable insurance identification, or if the patient has a “high deductible” insurance plan, or if the insurance information provided is for a commercial insurance plan in which SCOSA does not participate, he or she will not be designated as an eligible Self-Pay patient. And in such circumstances, the patient will not be eligible for the Self-Pay discount since the patient has or claims to have some health care coverage.

• Self-pay patients will be required to pay for their services in full, up front, at the time of service for all charges of $250 or less. Charges above $250 can be paid with a Payment Plan arranged with SCOSA’s Business Office, but such Self-Pay patients are required to make regular payments and will forfeit the Self-Pay discount if they fail to make all required payments due under the Payment Plan.

• Self-Pay patients eligible for the discount shall be required to sign the attached Application for Self-Pay Patient Discount, certifying to the fact that they have no other coverage and will receive no other funds to pay for any part of the services received in order to be eligible to receive the Self-Pay Discount.

• If Self-Pay patients are on a Payment Plan and fail to make a payment for more than two (2) consecutive scheduled payments then the Self-Pay Discount will be forfeited and the patient will be obligated and required to pay the full charges.