



FINANCIAL POLICY

If you are covered by insurance

Capstone Orthopedic Inc. will bill your insurance on your behalf. Verification of benefits and authorization is not a guarantee of payment from your insurance and is typically based on medical necessity. If you have doubts that your insurance will not pay, please contact your insurance to discuss with them your current benefits. You are responsible for any amounts not paid by your insurance.

Patients with non-contracted insurance, non-covered services and or private pay

If the services we provide total less than \$500.00, payment is due at the time of delivery unless other payment arrangements are made. Services of over \$500.00, a deposit of half the amount is due at the time of evaluation and agreement to proceed with the service; the balance is due upon delivery of the item, unless other payment arrangements are made.

We accept cash, checks, Visa and Mastercard. Any return checks will result in a \$30 bank fee for NSF.

If you are unable to make the final payment upon delivery of item, please inform us so that other payment options can be arranged.

I have read, received and understand Capstone Orthopedic Inc. financial policy

Signature of Patient / Responsible Party

Date