

Thank for choosing Advanced OrthoPro Inc. We are committed to the success of your care!

Health insurance can be tricky and we are here to help! It is difficult determining which orthotic and prosthetic services are covered. The billing team here at Advanced OrthoPro Inc. is happy to assist you with any of your billing questions you may have.

Unfortunately Advanced OrthoPro Inc. cannot guarantee coverage, however our team will make a considerable efforts to provide you with the most accurate estimate of cost to you. Benefits are determined by your insurance at the time your claim is processed. All benefit calculations are only an estimate based on information we received from your insurance company.

The following information provided below is to help clarify your financial responsibilities and outline the efforts of our staff in assisting you by determining your coverage and benefits. We encourage you to contact your insurance provider for specific plan information. Please note this document does not cover all situations, nor is it an all-inclusive listing of all possible situations.

If you have...	You are responsible for...	Our staff will...
Insurance Provider with whom we have a contract (including VA)	<ul style="list-style-type: none"> <li>If the service you receive are covered by the plan: patient portion (deductibles, co-insurance, etc.) due on or before the date of delivery</li> <li><u>If the services you receive are non-covered by the plan</u>: Payment in full, due on or before date of delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Contact your insurance provider to obtain your eligibility, benefit information, authorization requirements, and the estimated patient portion (deductible, co-insurance).</li> <li>Request authorization for services (if required)</li> <li>Submit the Claim</li> </ul>
Insurance Provider with whom we are Not Contracted, or we are NOT an "In-Network" provider	<ul style="list-style-type: none"> <li>Payment in full due on or before the date of delivery, unless your plan agrees to pay us directly</li> </ul>	<ul style="list-style-type: none"> <li>Contact your insurance provider to obtain eligibility, authorization requirements, and out-of-network benefit information</li> <li>Request authorization for services (if required)</li> <li>Submit your insurance claim if your plan agrees to pay us directly</li> </ul>
Medicare Plan B	<ul style="list-style-type: none"> <li><u>If you have Medicare B</u>, and have not met your deductible, payment due on or before date of delivery.</li> <li><u>If you do not have secondary insurance</u>, Medicare coinsurance amount due on or before date of delivery</li> <li><u>If the services are non-covered by Medicare</u>, payment in full due on or before the date of delivery</li> </ul>	<ul style="list-style-type: none"> <li>Contact Medicare and secondary insurance provider (if applicable) to obtain your eligibility and benefit information</li> <li>Provide you with advanced notice of non-covered services (ABN from)</li> <li>Submit your insurance claim to Medicare, as well as any claims to your secondary insurance.</li> </ul>
Medicaid	<ul style="list-style-type: none"> <li><u>Depending on each state's Medicaid program, if the services you receive are covered by Medicaid</u>: patient portion (if applicable) on or before date of delivery</li> <li><u>Payment for any services not covered by Medicaid</u> payment in full due on or before date of delivery</li> </ul>	<ul style="list-style-type: none"> <li>Contact local Medicaid office to obtain eligibility, benefit information, authorization requirements, and patient portion (if applicable)</li> <li>Request authorization for services (if required)</li> <li>Submit insurance claim to Medicaid</li> </ul>
Worker's Comp	<ul style="list-style-type: none"> <li><u>If the services, you receive are covered by the Worker's Comp</u>: Patient portion (if applicable) due on or before date of delivery</li> <li><u>If the services are not authorized by Worker's Comp</u>: payment in full, due on or before date of delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Call your Worker's Comp plan to obtain your eligibility, benefit information, and patient portion (if applicable) as well as obtain prior authorization (if required)</li> </ul>
No Insurance	<ul style="list-style-type: none"> <li>Payment in full due on or before date of delivery</li> </ul>	<ul style="list-style-type: none"> <li>Advise you regarding charges for services provided</li> </ul>

Convenient Payment Methods: We accept payment by: cash, check, and credit card. **NOTE:** Charges not covered by your insurance plan, as well as applicable co-insurances and deductibles, are your responsibility. **Return check fee:** \$45.00 or state maximum, if less.