SONORAN ORTHOPAEDIC
TRAUMA SURGEONS

Non Contracted Statement

WE MAY NOT BE CONTRACTED WITH YOUR INSURANCE

Out of Network (Non Contracted) Office Visits:

In the event that we are not contracted with your insurance we have developed a discounted rate for office visits in our clinic to help alleviate financial burden. We will not pursue additional payment for office visits from your out of network insurance to prevent you from receiving a larger bill. Please contact the billing department if you would like an itemized bill to submit bills for office visits on your own behalf. You can reach billing at 480-874-2040 option 5.

If additional services are performed in the office, they will also be charged. We will do our best to ensure that you are aware of these costs before services are rendered, whenever possible.

NEW PATIENTS will be offered a $300 rate for your visit, due at the time of your visit.
ESTABLISHED PATIENTS will be offered a $150 rate for your visit, due at the time of your visit.

Other Out of Network (Non Contracted) Services:

Below are some possible exceptions in which we will pursue payment from an out of network insurance company:

EMERGENCY ROOM REFERRAL: If you have been referred to our office from the emergency room, generally your insurance will authorize your initial visit with us, but no subsequent visits. It is important that you check with your insurance company regarding your benefits. Some insurance companies offer out-of-network benefits. If so, your insurance will pay at the reduced benefit and you will be responsible for the remaining balance.

90 DAY GLOBAL PERIOD: If you were seen and treated in the emergency room by one of our surgeons and the treatment/procedure you received has a 90 Day Global Period all visits within the 90 Day Global Period are included in the surgical package. After the 90 days you will be required to pay a deposit for your visit. If you do not have out-of-network benefits or you choose to not utilize your out-of-network benefits, our office staff will assist you in finding a contracted provider.

I hereby agree to pay in full for services rendered in the clinic if Sonoran Orthopaedic Trauma Surgeons is not contracted.

Signature of Patient/Patient's Representative

Date

Printed Name of Patient/Patient's Representative