

HOM HARTFORD ORTHOPEDIC MEDICINE

FINANCIAL POLICY

Hartford Orthopedic Medicine does not participate in managed care contracts with neither Federal/State programs (Medicare/Medicaid {Husky}) nor private insurance plans. Since there may be medpay (PIP) or out of network benefits available to our patients, we will diligent pursue all avenues of payment to help our patients. In light of that, Hartford Orthoedic Medicine will treat patients regardless of their health insurance status, and work closely with the patients' attorneys in securing payment for our fees. As such, Hartford Orthopedic Medicine requires all patients accepted into care, to read and understand the following assignemnt of interest in their personal injury claim:

In exchange for good and valuable consideration, services provided by Hartford Orthopedic Medicine (Hereinafter "HOM") and the promise to provide services by HOM the receipt of which is acknowledged, I:

1. Grant a lien to HOM for its professional services, medical bills, and charges for any and all treatment whatsoever, and costs against any and all settlement or judgment arising from my personal injury claim as a result of my accident. Cost such as medical report fees and record copying fees, which are incurred by HOM in providing services to my attorney and me, will be deducted from any net recovery at the time of settlement or verdict in my personal injury case.
2. Understand that HOM does not contract with any managed care organizations and my health insurance may have policy limits that do not cover services provided by HOM, my basic reparation benefits or med-pay insurance may not be available to cover HOM expenses, I may have no collateral or third party source of payment, and the courtesy of credit from HOM will be extended only when payment is securely protected.
3. Understand that HOM does not participate with my managed care organization and that the services provided to me may not be included in my insurance plan's out of network benefits.
4. Assign an interest to HOM for its professional services, medical bills, and charges for any and all treatment whatsoever, and costs against any and all settlement or judgment arising from my personal injury claim as a result of my accident. Costs such as medical report fees and record copying fees, which are incurred by HOM in providing services to my attorney or me, will be deducted from any net recovery at the time of settlement or verdict in my personal injury case.
5. Assign my rights to receive health care payments from negligent parties or from insurance companies. Payments are made to: **Hartford Orthopedic Medicine, 136 West Main St., New Britain, CT 06052.**
6. Authorize and direct my attorney to pay from my personal injury proceeds such sums as may be due and owing for services rendered to me, by any reason, which are due to HOM, and to withhold such sums from any settlement, judgment, or verdict from disbursement to me as may be necessary to adequately protect and pay HOM
7. If the parties cannot agree upon the reasonableness of a bill or costs, or a dispute arises, I agree and understand that my attorney will be required under Professional Rule of Conduct 1.15(b) to hold the amount of money in dispute. If the parties cannot agree upon the reasonableness of a bill or costs, or a dispute arises, then the parties agree, and I, hereby, agree and stipulate to participate in binding arbitration within thirty days of receipt of personal injury proceeds by my attorney.
8. Understand that the bill for treatment and services are my responsibility and I am obligated to pay the bill regardless of the outcome of my case. My financial responsibility is not contingent upon a favorable settlement or judgment of a personal injury claim. I have been informed that, by acceptance of partial payment from a third party, HOM does not accept the partial payment as payment in full. When partial payment occurs, it has been explained to me that HOM will balance bill me for any outstanding balance. I have reviewed the fee schedule posted in the office and agree to receive services and be responsible for my bill. I acknowledge that this agreement is made for additional protection and in consideration of the courtesy of HOM awaiting payment.