



# FINANCIAL POLICY

Thank you for choosing Comprehensive Orthopaedic Global for your orthopaedic needs. This Financial Policy has been given to you to help you better understand our policies and your **financial obligations**. Please feel free to address any questions or concerns with our management or billing person **prior** to being seen by the doctor.

**Office Visits:** For ALL office visits your co-pay and prior balances are due upon arrival at our office. During your visit, the doctor will examine and evaluate your concerns. Depending on what your treatments are done, for example; evaluation, X-ray reading, or if injections are given, etc., you will be charged accordingly. Your insurance carrier will be billed for their responsibilities and you will be responsible for any applicable CO-PAY or DEDUCTIBLE. There will be a 20% charge of any durable medical equipment given, which will be due at the end of your visit. **It is your responsibility to make sure that Comprehensive Orthopaedic Global has your current and accurate insurance and all other pertinent information at every office visit. Please note, in the event that your insurance doesn't cover a percentage of the amount billed, you will be responsible for all unpaid balances.**

**X-Ray Readings:** Please note that in order for our orthopaedic surgeons to properly evaluate and treat your concerns, he/she will have to read/study your X-rays. **There is a fee for this service. The orthopaedic surgeon or his/her representation will perform the reading of the produced X-ray.**

**Surgery Co-Pay:** If you have been scheduled for surgery, in most cases you will be required to pay and **estimated co-pay** that will be due in our office at the time of your pre-op appointment. Please note that this is an estimate of your co-pay and this amount could change depending on the actual procedure performed, and can only be determined after the surgery has been completed. This change could require a refund back to you or an additional payment to you prior deposit. **Please note that this is an estimate of your co-pay and this amount could change depending on the actual procedure performed, and can only be determined after the surgery has been completed. This change could require a refund back to you or an additional payment to you prior deposit.** Your surgery could be delayed if arrangement to satisfy this obligation have not been arranged prior to your date.

Your account at Comprehensive Orthopaedic Global is your responsibility. Please sign and date below attesting that you have read and understand our financial policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_



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