



Ashay A. Kale, MD ■ Soheil Motamed, MD ■ Ricardo Molina, MD ■ Co V. Banh, MD  
Joshua Van Gompel, DPM ■ Gabriel Van Gompel, DPM ■ Erik Schuenke, DPT ■ Sarah Wanlin, DPT  
Ava Novotny, PA-C ■ Joshua Ninichuck, PA-C ■ Van Nguyen, PA-C ■ Kelli Kern, PA-C

Orthopaedic Surgery ■ Arthroscopy & Sports Medicine ■ Shoulder & Elbow Surgery ■ Joint Replacement  
Podiatry: Foot & Ankle Surgery ■ Physical Medicine & Rehabilitation ■ Interventional Spine Care  
■ Physical Therapy

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## Mission Peak Orthopedics Commitment to Quality Medical Care

Mission Peak Orthopedics is committed to providing you with high quality medical care. We participate in continuing medical education to keep our knowledge and skills current and strive to ensure that our patients receive high quality medical care from this practice.

We also understand that as a patient, you may at times have concerns about our services. We encourage you to communicate your concerns to our staff. Please tell us if you have a concern-We value your feedback. Please tell us if you have questions about your care, suggestions to improve the delivery of health care in this office, or complaints about any aspect of your treatment. We appreciate being part of your health care team and greatly value your feedback. If you have any questions regarding our practice which we are not able to mutually resolve contact the Alameda-Contra Costa Medical Association at (510)654-5383.

All third parties that receive referrals from this office have the highest possible qualifications and standards for patient care. In the event that you are dissatisfied with the care that you receive from any entity to which you are referred, please notify your physician at once, and he or she will make arrangements for you to receive your care elsewhere. Your physician may have a financial interest in one or more of these entities to which you are being referred for additional care. It is your right to elect to have any eligible facility provide your care. Please notify your physician if you would prefer to receive care from an entity other than the one in which your physician has referred you. Your physician wishes to ensure you that the quality of care you receive from this office will not be affected by your preference for facility in which you receive care.

We offer this NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California (800-663-2322 or [www.mbc.ca.gov](http://www.mbc.ca.gov)).

Physician Assistants are licensed and regulated by the Physician Assistant Committee (916-561-8780 or [www.PAC.CA.GOV](http://www.PAC.CA.GOV))

**I have read and understand the options available to me in regards to my medical care. I understand that medical doctors are licensed and regulated by the Medical Board of California.**

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Patient/Patient Representative Signature

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Patient/Patient Representative Name – Please Print

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Date

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**Fremont Office:** 39350 Civic Center Drive, Suite 300, Fremont, CA 94538 ■ Phone 510.797.3933 ■ Fax 510.797.5184  
**Hayward Office:** 27206 Calaroga Avenue, Suite 107, Hayward, CA 94545 ■ Phone 510.300.9898 ■ Fax 510.797.5184  
**Pleasanton Office:** 5924 Stoneridge Drive, Suite 200, Pleasanton, CA 94588 ■ Phone 925.846.6200 ■ Fax 510.797.5184

[www.mportho.com](http://www.mportho.com)



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## CREDIT POLICY

### PATIENT BILLING STATEMENT

You will receive a monthly statement showing itemized charges and the total due on your account. Payment in full is required within 28 days of statement date. **A Late Charge of \$25 will be assessed on overdue balances 30 days and older.**

There will be a **\$22 fee charged for returned checks**. No credit will be extended to patients having a delinquent account or who have been referred to a Collection Agency for payment.

Responsibility for payment of your account remains with you at all times; and although you may have an insurance claim pending, we must look to you for payment regardless of the circumstances involved.

### INSURANCE

**PREFERRED PROVIDER PLANS:** With certain insurance companies, it is necessary for you to be treated by a Preferred Provider to ensure complete coverage. If the doctor is not on the preferred provider panel, you will be responsible for allowed and non-allowed charges. Please contact your insurance carrier directly for a complete listing.

**MEDICARE:** We accept assignment with Medicare. **One secondary insurance claim** is submitted as a courtesy.

**NON-CONTRACTED PLANS and/or MOTOR VEHICLE CLAIMS:** We do not bill non contracted plans, motor vehicle insurances or any third party claims.

**HMO INSURANCE PLANS:** A referral is required from your primary care physician prior to each appointment. If we do not have a referral at the time of the appointment, you will be asked to reschedule or sign a waiver stating you will be responsible for all charges incurred during your visit.

**WORKER'S COMPENSATION:** It is your responsibility to inform the registration desk that the visit is for a work-related injury.

If the claim is DENIED, CLOSED, or if you fail to inform us of the work-related nature of your medical problem, including appropriate claim information, you will be responsible for all charges.

**DURABLE MEDICAL EQUIPMENT:** During your visit medical products may be recommended and/or dispensed to assist you with the healing process. These charges may be reflected on your bill from Mission Peak Orthopaedic or you may receive a separate bill from the vendor.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**FOR CASH PAYING PATIENTS**

**Deposits are required at the time of check in:**

New Patient - \$200 is required prior to your visit for all self-pay and non-contracted insurance plans.

Established Patient - \$100 is required prior to your visit for all self-pay and non-contracted insurance plans.

INITIAL OFFICE CONSULTATION . . . . .	\$146.94
ESTABLISHED PATIENT . . . . .	\$94.98
X-RAYS (per body part) . . . . .	\$43.01 to \$89.60
	<i>(prices may vary depending on body part)</i>
FRACTURE CARE (in office) . . . . .	\$200 to \$600
	<i>(prices may vary depending on body part)</i>
CORTISONE INJECTION (per body part) . . . . .	\$118.40 to \$156.80
WITH ULTRASOUND . . . . .	\$182.30 to \$226.66
	<i>(prices may vary depending on body part)</i>
APPLICATION OF CAST (per body part) . . . . .	\$129.09 to 197.12
	<i>(prices may vary depending on body part)</i>

**\*ALL OTHER CHARGES WILL BE CALCULATED AT THE TIME OF CHECK OUT.\***

The price amounts above are only estimates and are subject to change per each physician/physician assistant discretion. An accurate amount will be available at the time of check out. If surgery is necessary, quotes for the procedure(s) will be available at that time the decision for surgery is made.



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## PPO INSURANCE

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is a part of this treatment and care.

For your convenience, we have answered a variety of most commonly asked financial policy questions below. If you need further information regarding your policy, please feel free to ask for a Billing Specialist or the Practice Manager and we will be more than happy to assist you in understanding your policy. If there are questions that cannot be answered within our office, we encourage you to contact you insurance company.

### What is My Financial Responsibility for Services?

- Any co-pay is required at the time of service, either at check in or at check out.
- If you have a deductible on your policy, we can verify this information and we ask that it be paid at the time of service.
- Any other services not covered by your insurance are requested at the time of the visit.
- If you have a primary and secondary insurance, there is no payment at the time of the visit.

Your financial responsibility depends on a variety of factors, explained below:

If You Are Being Seen For...	You Are Responsible For...	Our Staff Will...
<b>New Patient Visit – after deductible is met</b>	Depending on various plans, your insurance could cover 80% and patient responsible for 20% or you may only have a copay	Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.
<b>Established Patient Visit – if Deductible is not met</b>	There will be contracted discount rate by your insurance that will be applied, the remaining balance will be patient responsibility	File an insurance claim as a courtesy to you.
<b>Closed Fracture Care – Closed Treatment During this time, the provider has provided fracture care which falls under a 90 day global period.</b>	Depending on various plans, Any X-Rays, Injections, Casting is subject to your deductible, out of pocket maximum, or a copay  All office visits would be free of charge for 90 days from 1 <sup>st</sup> closed treatment date	Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.  File an insurance claim on your behalf.



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If you are being seen for:	You are responsible for:	Our staff will:
<p><b>Surgical Procedure (outside from office)</b></p> <p><b>You will receive a separate bill from the facility, anesthesiologist, and lab charges</b></p> <p><b>You will also receive a bill from the provider of the services he provided</b></p>	<p>You will receive a separate bill for these charges</p> <p>Depending on how much your plan covers, charges can be applied to your deductible, out of pocket, or you insurance may pay in full once charges have been submitted to your insurance</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Decision for Surgery – After surgery care</b></p> <p><b>There is a 90 global period for this service</b></p>	<p>Depending on various plans, Any X-Rays, Injections, Casting is subject to your deductible, out of pocket maximum, or a copay</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>After global period all charges would be sent to your insurance for payment</b></p>	<p>All visits to the Doctor would be subject to your deductible, out of pocket maximum, or a copay after services have been submitted to your insurance</p> <p>Also Any X-Rays, Injections, Casting is subject to your deductible, out of pocket maximum, or a copay after services have been submitted to your insurance</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>

*\*As a courtesy to our patient, we will file your claim to your insurance company.\**



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### **HMO INSURANCE**

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For your convenience, we have answered a variety of most commonly asked financial policy questions below. If you need further information regarding your policy, please feel free to ask for a Billing Specialist or the Practice Manager and we will be more than happy to assist you in understanding your policy. If there are questions that cannot be answered within our office, we encourage you to contact you insurance company.

#### **Do I Need A Referral?**

If you have an **HMO plan** with which we are contracted, you need a referral authorization from your primary care physician. If you are unable to obtain the referral at that time, you will be rescheduled.

#### **What is My Financial Responsibility for Services?**

- Any co-pay is required at the time of service, either at check in or at check out.
- If you have a deductible on your policy, we can verify this information and we ask that it be paid at the time of service.
- Any other services not covered by your insurance are requested at the time of the visit.
- If you have a primary and secondary insurance, there is no payment at the time of the visit.

Your financial responsibility depends on a variety of factors, explained below:

<b>If You Are Being Seen For...</b>	<b>You Are Responsible For...</b>	<b>Our Staff Will...</b>
<b>New Patient Visit – after deductible is met</b>	You are responsible for copay amount due at the time of service or any deductible amount, if applied	Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.
<b>Established Patient Visit – if Deductible is not met</b>	You are responsible for copay amount due at the time of service or any deductible amount, if applied	File an insurance claim as a courtesy to you.
<b>Closed Fracture Care – Closed Treatment During this time, the provider has provided fracture care which falls under a 90 day global period.</b>	You are responsible for copay amount due at the time of service or any deductible amount, if applied  All office visits would be free of charge for 90 days from 1 <sup>st</sup> closed treatment date	Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.  File an insurance claim on your behalf.

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If you are being seen for:	You are responsible for:	Our staff will:
<p><b>Surgical Procedure (outside from office)</b></p> <p><b>You will receive a separate bill from the facility, anesthesiologist, and lab charges</b></p> <p><b>You will also receive a bill from the provider of the services he provided</b></p>	<p>You will receive a separate bill for these charges</p> <p>You are responsible for copay amount due at the time of service or any deductible amount, if applied</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Decision for Surgery – After surgery care</b></p> <p><b>There is a 90 global period for this service</b></p>	<p>You are responsible for copay amount due at the time of service or any deductible amount, if applied</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>After global period all charges would be sent to your insurance for payment</b></p>	<p>All visits to the doctor, you are responsible for copay amount due at the time of service or any deductible amount, if applied</p> <p>Also Any X-Rays, Injections, Casting - you are responsible for copay amount due at the time of service or any deductible amount, if applied</p>	<p>Call your insurance company ahead of time to determine deductibles, coinsurance and copay information.</p> <p>File an insurance claim on your behalf.</p>

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## MEDICARE INSURANCE

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

For your convenience, we have answered a variety of most commonly asked financial policy questions below. If you need further information regarding your policy, please feel free to ask for a Billing Specialist or the Practice Manager and we will be more than happy to assist you in understanding your policy. If there are questions that cannot be answered within our office, we encourage you to contact you insurance company.

### What Is My Financial Responsibility for Services?

- If you have Regular Medicare, and have not met your **\$186.00 deductible**, we ask that it be paid at the time of service.
- Any services not covered by Medicare are requested at the time of the visit.
- If you have Regular Medicare as primary, and also have secondary insurance or Medigap: No payment is necessary at the time of the visit.
- If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay is requested at the time of the visit.

Your financial responsibility depends on a variety of factors, explained below:

If You Are Being Seen For...	You Are Responsible For...	Our Staff Will...
<b>New Patient Visit – after deductible is met</b>	20 % of allowable amount	Call your insurance company ahead of time to determine deductibles and coinsurance.
<b>Established Patient Visit – if Deductible is not met</b>	Total allowable amount by Medicare	File an insurance claim as a courtesy to you.
<b>Closed Fracture Care – Closed Treatment During this time, the provider has provided fracture care which falls under a 90 day global period.</b>	Any X-Rays, Injections, Casting is subject to a 20% coinsurance  All office visits would be free of charge for 90 days from 1 <sup>st</sup> closed treatment date	Call your insurance company ahead of time to determine deductibles and coinsurance.  File an insurance claim on your behalf.





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If you are being seen for:	You are responsible for:	Our staff will:
<p><b>Surgical Procedure (outside from office)</b></p> <p><b>You will receive a separate bill from the facility, anesthesiologist, and lab charges</b></p> <p><b>You will also receive a bill from the provider of the services he provided</b></p>	<p>You will receive a separate bill for these charges</p> <p>20% of allowable amount for the procedures billed to Medicare</p>	<p>Call your insurance company ahead of time to determine deductibles and coinsurance information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>Decision for Surgery – After surgery care</b></p> <p><b>There is a 90 global period for this service</b></p>	<p>Any X-Rays, Injections, Casting is subject to a 20% coinsurance</p> <p>All office visits would be free of charge for 90 days from the surgery date</p>	<p>Call your insurance company ahead of time to determine deductible and coinsurance information.</p> <p>File an insurance claim on your behalf.</p>
<p><b>After global period all charges would be sent to your insurance for payment</b></p>	<p>All visits to the Doctor would be subject to 20% coinsurance, after deductible is met</p> <p>Any X-Rays, Injections, Casting is also subject to a 20% coinsurance</p>	<p>Call your insurance company ahead of time to determine out of network benefits, copays, deductibles, and non-covered services.</p> <p>File an insurance claim on your behalf.</p>

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## **SURGERY**

In the event your visit turns into a surgery, the physician will direct you to the Surgery Scheduler. At that point all specific questions about the surgery process will be discussed. For example: paperwork, test(s), pre-certification/authorization, and patient financial responsibility.

The Surgery Scheduler will verify your insurance benefits. If your policy has a deductible, a pre-surgical deposit will be required to schedule your surgery. The pre-surgical deposit will be applied to our doctor's services for surgery. You will receive separate bills from providers outside of Mission Peak Orthopaedic, such as the facility, anesthesiologist, labs, cardiologist, etc. A cost estimator can be provided upon request, this will show in detail the procedure(s) and what will be the patient's responsibility for only the doctor's service and will not include the surgery center, etc.

After surgery, is the post op period or also called the "Global Surgery Package" which includes follow up visits in the office to be free of charge. This does not include x-rays, DME, casting/casting supplies (the first visit after surgery – there is no charge for the casting; just the supplies) and any other procedures related to the surgery (i.e injections, debridement of the skin or any wounds/ulcer that may have occurred due to being non-compliant with MD after care instructions); we will file the claim to your insurance and if there is a deductible or co-insurance our office will send you a statement. Post op period does not include the initial evaluation or any unrelated visits conditions.