



Tulsa - Midtown
1809 E. 13th Street, Suite 100
Tulsa, Oklahoma 74104

Claremore Regional Medical Plaza
1501 N. Florence St., Suite 288
Claremore, Oklahoma 74017

Tulsa - SouthCrest
8803 S. 101st E. Ave., Suite 300
Tulsa, Oklahoma 74133

Elliott Medical Plaza
562 South Elliott
Pryor, Oklahoma 74361

Phone: 918.582.6800
Fax: 918.582.6060
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I want to take this opportunity to welcome you to The Orthopaedic Center. Thank you for choosing and entrusting us as your healthcare provider.

Financial Policy

Payment is due at the time services are rendered, this includes self-pay, insurance co-pays and/or deductibles. A current insurance card must be presented at each office visit. As a service to our patients, we will file your medical claims for the date-of-service with insurance information we have available at that time. It is your responsibility to inform us of any changes in your insurance, or personal information, such as address and/or phone changes.

Accounts with balances are considered past due at 31 days without a payment. Once an account is delinquent, it may be considered for collection procedures and placed with an independent agency. Should your account be turned for collection procedures, all future services will be suspended until financial matters are resolved.

We realize information surrounding health care and insurance can be difficult and confusing at times, that is why we are here to assist in this process as you seek to improve your health. If you have any questions or should you feel that you can not meet the terms set forth with this Financial Policy, please feel free to contact me at 918-582-6800.

Again, thank you for choosing The Orthopaedic Center. We look forward to serving you.

Sincerely,

Norma Wright
Business Office Manager

ASSIGNMENT OF BENEFITS

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including private insurance to THE ORTHOPAEDIC CENTER. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits.

“I have read, understand and agree to the provisions of this Financial Policy.”

Signed _____ Date _____