Rochester Community
Orthopaedics

David A. Carrier, M.D. (585) 218-9237
Rola H. Rashid, M.D. (585) 218-0224
Matthew C. Bessette, M.D. (585) 218-9651
General Line (585) 218-4337
Fax (585) 267-4037
Answering Service (585) 258-0009

20 Hagen Drive • Suite 110 • Rochester, New York 14625 • www.rochestercommunityortho.com

# PATIENT FINANCIAL RESPONSIBILITY POLICY

**CO-PAYS:**

Co-pays are collected on the day of your appointment. Please realize that some insurance policies may require more than one co-pay.

**DEDUCTIBLE:**

We will bill your insurance carrier for services rendered. All insurance adjustments and payments will be applied to your claim. Statements will be mailed for any remaining balance that your insurance carrier states is the Patient's Responsibility or Not Covered.

**DUE DATE:**

**Full Payment is due upon receipt of your statement.** Each time it is necessary to mail additional monthly statements, a $40.00 Re-Billing fee will be charged. If no resolution can be made, your account may be considered delinquent and sent to a collection agency.

We would like to make it simple for you to pay for any services that are your responsibility. We accept cash, checks, Visa, MasterCard, and Discover. Payments can be made on our website (www.rochestercommunityortho.com), mailed into the office, or over the phone (585)218-4337.

**If you are not sure of your insurance benefits, including your deductible and coinsurance amounts, please contact your insurance carrier directly.**

I understand that I am personally responsible for the total amount due for co-pays and deductibles my insurance company has labeled as Patient's Responsibility or Not Covered.

I have read and understand this financial agreement.

_____ Date: _____

Signature

_____

Print Name
02/2025