



James L. Phillips, M.D., F.A.A.O.S.
Arthur D. Green, M.D., F.A.A.O.S.
Loel Z. Payne, M.D., F.A.A.O.S.
Colin M. Kingston, M.D., F.A.A.O.S.
Robert M. Campolattaro, M.D.

General Orthopaedics

Arthroscopy

Foot & Ankle Surgery

Hand Surgery

Joint Replacements

Knee Surgery

Shoulder & Elbow Surgery

Sports Medicine

Trauma

4000 Coliseum Drive, Suite 100

Hampton, Virginia 23666-2408

(757) 827-2480

FAX (757) 827-2566

Mary Immaculate Hospital

Medical Pavilion

12720 McManus Boulevard, Suite 101

Newport News, Virginia 23602-4499

(757) 874-1662

FAX (757) 874-2123

Financial Policy

Thank you for your expression of confidence by choosing Tidewater Orthopaedic Associates for your care. We promise to work hard at making your experience here as satisfying as possible. Part of our relationship will involve the fees for the care we provide. We have developed the following Financial Policy to review our expectations and reduce any confusion. Please read it carefully and sign in the space below to indicate your understanding.

Regarding Self-Pay and No Insurance Patients

We require FULL payment at the time service is rendered. We accept cash, personal checks, and major credit cards to assist you. Special payment arrangements are possible for patients with special financial needs. For further information, please ask to speak with a Patient Account Representative.

Regarding Patients With Insurance Coverage

We expect that you will pay your portion of the bill (co-payments and deductibles) at the time of each service. As a courtesy, our staff will file your claim with your primary insurance carrier without charge. Should your insurance company fail to pay our bill within 60 days, the entire balance will become your responsibility. Should any payment by your insurance company result in an overpayment we will make a refund as appropriate.

Regarding Non-Medical Fees

We also require FULL payment for items such as medical record copies, completion of special forms and letters, and the processing of disability statements at the time service is delivered. These items are not usually covered by insurance.

Please feel free to ask any questions that you may have regarding this policy or how it may relate to your individual situation or insurance company.

MY SIGNATURE REPRESENTS THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE POLICY DESCRIBED ABOVE.

Responsible Party

Date

Staff's Initials