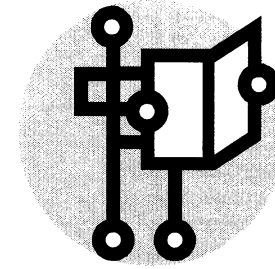


Welcome

We appreciate the opportunity to provide your orthotic and prosthetic needs. This brochure has been prepared to give you information about our policies and financial routines. Please ask questions you have concerning anything that may not have been covered in this brochure.

Mission:

The triangle represents the three facets of Morgantown Orthotic & Prosthetic Center's "Striving for Solutions". Initially, we are trying to provide optimum orthotic and prosthetic service for the individual, secondly we are trying to provide a good service as a healthcare provider to the public, and thirdly we are striving to be an asset and resource to the community.



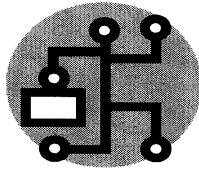
Financial Responsibility Information

Morgantown Orthotic &
Prosthetic Center
7000 Hampton Center
Suite A
Morgantown, WV 26505
(304) 598-0528
E-mail
mgtnop@comcast.net

...Striving For Solutions...

Insurance Coverage

Financial responsibility for services rendered rests with the patient or his/her family regardless of insurance coverage. However, as a courtesy, MOPC will file your claim with your insurance company. In order to process your claims, we must have pertinent information re-



Sometimes it's a rat race....

quired by most insurance companies. Please have the following information available at the time of your appointment.

1. All insurance cards. These cards should list the address and telephone of the insurance company, as well as the policy holder's name and policy number.
2. The employer's name, address, and telephone number if your insurance is through your employer.
3. A referral insurance form (depends on HMO)
4. Prescription Insurance companies require a current and dated prescription from the doctor who is recommending your device. Please try to obtain this prescription prior to your appointment with us. This will expedite your claim. However, if this is not possible, we will attempt to secure the prescription from the physician. We might also need to get additional information depending on the insurance rules.

A member of our office staff will verify your insurance coverage with your insurance company and obtain the details of your financial obligations. (co-pays and deductibles) This information will be discussed with you on the phone and mailed to you to get your approval of your financial obligations before we proceed with the work. (Sometimes it can take several days to weeks for insurances to approve things before they agree to move ahead.) Your financial obligations are expected to be paid in full at the time of delivery.

A payment must be made on the device prior to beginning fabrication. If the device costs less than 100.00 then full payment is expected. Acceptable forms of payment are CASH, Check, VISA, MasterCard, and DIS-

If your insurance company pays MOPC more than expected, you will be reimbursed by check with-in 15 days of receiving the insurance payment

Full Pay Plans

If you are covered under plans such as Workers' Compensation, Veterans Administration (VA), Handicapped Children's Services or Medical Assistance, MOPC will need specific information to request authorization to provide your service. Requirements vary as to what information is required, such as your claim number and date of injury. With Medical Assistance we need a copy of the most current card at each visit.

Self Pay

Professional services in the form of follow-up and minor adjustments are normally provided on a cash basis on the date of your appointment. Acceptable forms of payment are CASH, Check, VISA, MasterCard, and DISCOVER.

We realize, however, that it is not always possible to pay the full amount at one time. Therefore, we can offer an extended payment plan. This plan will be discussed in the financial

Collections

Unfortunately MOPC has retained the services of Transworld Systems to help us manage our slow and delinquent payors. MOPC needs to pay its bills and collect for services rendered, so we can be here to help the next person

Scheduled Appointments

The clinical staff are out of the office many times during the day to make hospital call, seeing patients in clinics, etc. For your convenience, and to assure that a clinician will be able to see you and give you the special attention you deserve, an appointment is requested. We also request that for any reason you will not be able to keep your scheduled appointment, please notify us within 24 hours or as soon as possible. We can reschedule your appointment at that time.

Thank you

We would like to thank you for taking the time to read this brochure. We feel it is very important that you understand your financial obligations early so that we can clear up any uncertainty that you may have. Feel free to ask any additional questions... We are here to help you...