

The Hand Center of San Antonio

*SELF PAY POLICY*

Because Orthopaedic and Plastic Surgery care can be extremely expensive, it is very important to ensure that our patients understand The Hand Center self pay policy clearly prior to an appointment.

A deposit of \$300.00 is required at the time of check in. This is not to say that this is going to be the entire cost of the visit or that this is all that you will be required to pay at the time of the visit. An initial office visit alone may cost \$160.00 on average and this does not include x-rays, injections or fracture care. These additional services can range anywhere from \$102.00 to \$1,800.00 or more.

At the end of your appointment, we will obtain an **estimate\*** of the total charges from the physician. If your estimate\* exceeds your deposit, you will be expected to pay the difference at that time. New patient visits can range from \$160.00 to \$900.00. You will receive a discount of 30% off of your charges for paying your estimate\* in full.

If the patient requires surgery, you will be provided with a surgery fee estimate\*. You will be required to pre-pay this estimate\* no less than 72 hours prior to the surgery appointment or your surgery could be postponed until payment is received. Charges for these services could escalate into the thousands of dollars depending upon the type of surgery required. We do our best to prepare an accurate estimate\* prior to the surgery however, it is only an estimate\*. The actual charges cannot be known until after the procedure has been performed. In addition to the physician's fees, you will be required to make a deposit to the facility and anesthesiologist. These fees will be quoted to you by the provider of that service and it is your responsibility to make arrangements directly with that provider in advance.

My signature below indicates that I have read this policy in its' entirety and that I understand my financial obligations.

\*Charges incurred are not final until the chart has been reviewed by the billing department for accurate billing.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Chart #