Our goal is to provide and maintain a strong physician–patient relationship. Clear communication regarding financial expectations allows us to deliver high-quality, cost-effective care. Please review this policy carefully. If you have questions, our staff is available to assist you.

I. Release of Information for Billing purposes

Boston Sports & Biologics ("BSB") may release to and receive from my insurer(s), third-party payers, billing vendors, clearinghouses, and other entities involved in billing or healthcare operations any information necessary for billing, collection, payment of claims, or verification of benefits. This may include my identity, diagnosis, prognosis, treatment information, progress notes, and other relevant medical records.

Information may be transmitted electronically in accordance with HIPAA and BSB policies. AI-enabled billing and administrative tools may be used to support these functions.

I understand that I may request copies of any records disclosed. Revocation of this authorization must be submitted in writing and does not apply to disclosures already made.

II. Insurance

To help ensure accurate billing and maximize your benefits:

- You must present your current insurance card at every visit.
- Insurance verification is not a guarantee of coverage.
- You are responsible for notifying BSB of any insurance changes within 48 hours.
- If we do not accept your insurance plan, you will be notified prior to receiving care.

If BSB is **out-of-network**, you will receive written notice and a good faith estimate of potential out-of-pocket costs. You may choose to seek care from an in-network provider at any time.

III. Referrals

Some insurance plans require a referral from your primary care provider (PCP) before you can see a specialist. You are responsible for:

- Confirming whether your plan requires a referral.
- Obtaining the referral before your appointment.

If you do not have a referral on file:

- You may reschedule, or
- You may proceed with the visit after signing a waiver acknowledging that your insurer may refuse payment and that you may be responsible for the full cost.

Retroactive referrals are not guaranteed, and lack of referral does not relieve you of financial responsibility.

IV. Secondary Insurance

Secondary claims will be filed if information is provided at the time of service. If payment is not received within **45 days**, the balance becomes the patient's responsibility.

V. Consent to Treatment Using Telehealth/Telemedicine or Email Communication

I consent to treatment using electronic communication, including telephone, video telehealth/telemedicine, and email.

I understand that:

- Technical failures may occur.
- Electronic communication may be more easily forwarded or intercepted despite reasonable safeguards.
- Telehealth may limit the provider's ability to fully diagnose a condition.
- I may withdraw consent at any time.
- Telehealth services will be billed in the same manner as in-person visits.
- My financial responsibility is determined by my insurance carrier.
- If telehealth is not covered, the **first communication will be free**, and subsequent visits may be billed as self-pay.
- Telehealth should not be used for emergencies.
- I must be physically located in a state where the provider is licensed.

AI-supported documentation tools may be used to enhance accuracy and efficiency during telehealth encounters.

VI. Right to a Good Faith Estimate

Under federal law (Section 2799B-6 of the Public Health Service Act), patients have the right to request a **Good Faith Estimate** of expected charges.

A Good Faith Estimate:

- Reflects costs reasonably expected for your care.
- Does **not** include unknown or unexpected costs.
- May be disputed if the final bill is $400 or more above the estimate.

Under Massachusetts law ("Patients First"):

- Verbal financial information will be provided at scheduling.
- A written estimate will be provided within 3 business days upon request.
- Self-pay or out-of-network procedures will receive written estimates **before** the procedure.

VII. Financial Responsibility

You are responsible for paying your share of costs, including co-payments, deductibles, and coinsurance.

Self-Pay and Non-Covered Services

- Uninsured or self-pay patients will receive a written estimate.
- Payment in full is due at the time of service.
- Non-covered services must be paid in full at the time of service.
- No procedure will be performed that alters the estimate without written consent.

Billing and Collections

- Patient balances are billed immediately upon receipt of your insurer's Explanation of Benefits.
- Payment is due within 10 business days.

- Balances unpaid after 90 days may be sent to collections.
- Accounts sent to collections may result in dismissal from the practice.
- Payment arrangements must be approved by BSB's business office.

If required by BSB policy, a valid credit card may be kept on file for outstanding balances.

VIII. Grievances

If you believe you have been billed incorrectly, contact us:

- Phone: **(781) 591-7855**
- Email: **info@bsbortho.com**

To file a complaint with the Massachusetts Board of Registration in Medicine:
https://www.mass.gov/submit-a-complaint

Document Acknowledgement

I certify that I have read and understand this Financial Policy and that I am authorized to execute this document. I understand that:

- I may not alter or modify this non-negotiable document.
- I must notify BSB of any changes to my insurance, address, or contact information.
- Electronic signatures are valid and binding.
- BSB may update its policies, and continued care constitutes acceptance of updated terms.

_____ _____ _____

Patient/Legal Representative (Print) *Relationship* *Date (MM/DD/YYYY)*

_____

Patient/Legal Representative Signature

Assignment of Benefits

IX. Assignment of Benefits

I authorize payment of medical benefits directly to Boston Sports & Biologics for all services rendered. If I am a Medicare beneficiary, I request that authorized Medicare benefits be paid to BSB on my behalf.
I understand that:

- Benefits otherwise payable to me will be paid directly to BSB.
- This agreement cannot be revoked without written consent from both parties.
- If I receive payment directly from my insurer, I must forward it to BSB within **30 days**.
- I remain financially responsible if my insurer later denies or recoups payment.
- Overpayments may be applied to outstanding balances.

_____ _____ _____

Patient/Legal Representative (Print) *Relationship* *Date (MM/DD/YYYY)*

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Patient/Legal Representative Signature