



Assisting you on your journey towards a healthy life.

**PAYMENT OPTIONS**

Payments can be made by cash, check or credit card. You can make your payment in person at any of our locations, over the phone with a credit card or online at: [wupatient.wustl.edu](http://wupatient.wustl.edu)

**Please make checks payable to:**  
Washington University Orthopedics

**Please mail to:**  
Washington University Orthopedics  
Attention: Patient Financial Coordinator  
4625 Lindell Blvd., Suite 420  
St. Louis, MO 63108

**Accepted Credit Cards:**  
American Express, Discover, MasterCard, Visa

Experience the difference in orthopedic care today.

**Comprehensive care at convenient locations across the St. Louis area.**

- Foot and ankle
- Hand and wrist
- Hip and knee
- Musculoskeletal oncology
- Pediatric and adolescent orthopedics
- Physical medicine and rehabilitation
- Shoulder and elbow
- Spine
- Sports medicine
- Trauma



**WASHINGTON UNIVERSITY ORTHOPEDICS**

**Schedule an appointment:**

- (314) 514-3500
- [ortho.wustl.edu/appointment](http://ortho.wustl.edu/appointment)



R7-2017

# Billing and Payment Policies



# Billing and Payment Policies

## PATIENTS WITH INSURANCE

Washington University Physicians accepts many insurance plans, but not all. Please check with your insurance carrier to see if your plan is in network with Washington University Physicians, Barnes-Jewish Hospital, St. Louis Children's Hospital, Barnes-Jewish West County Hospital, and Progress West Hospital. It is very important that we have your current insurance on file.



**For a listing of accepted insurances, visit: [ortho.wustl.edu/insurance](http://ortho.wustl.edu/insurance)**

- If your insurance requires a referral, it is your responsibility to obtain this from your Primary Care Physician.
- Co-payments are due at the time of service.
- If there are changes to your insurance prior to your scheduled tests or procedures, you will need to contact our patient financial coordinator at (314) 747-9588.
- Our staff will obtain the pre-certification from your insurance company based on your insurance's guidelines. Please remember pre-certification does not guarantee payment. It is your responsibility to verify that your particular health benefit plan will cover the procedure or test.
- Payment for non-covered services will be required at the time of service.

## Out-of-Network Insurance

If Washington University Physicians is not part of your insurance network, you will be responsible for any higher out-of-pocket expense, higher deductible or possibly full payment of services provided, depending on the out-of-network benefits as outlined by your plan. **A deposit will be required seven days prior to any scheduled surgery.** The deposit amount will be based on total charges and their out of network benefits. We strongly encourage you to contact your insurance plan to inquire about specific coverage prior to treatment.

## Pre-Existing Conditions

If you have a pre-existing clause on your policy pertaining to the treatment you are seeking with Washington University Physicians, the insurance company may deny the services. You would be responsible for full payment of the office visit, procedure or test.



## SELF PAY PATIENTS

- Washington University Orthopedics will provide a 25% discount for self pay patients.
- All self pay patients are required to make a deposit on all services rendered.
- Payment is expected in full prior to the scheduled surgery.

For additional questions or more information, please contact our patient financial coordinator at (314) 747-9588.

## Additional Services



### RADIOLOGY

For radiology studies performed at Barnes-Jewish Hospital, St. Louis Children's Hospital, St. Louis Children's Specialty Care Center, Barnes-Jewish West County Hospital or Progress West Hospital, you or your insurance company will be charged for both the taking of the films by Barnes-Jewish Hospital, St. Louis Children's Hospital, Barnes-Jewish West County Hospital or Progress West Hospital and interpretation of the study by Washington University Physicians. Radiology services are considered an outpatient hospital service and will be billed as such. Please contact your insurance for your outpatient hospital services benefits.



### FLUOROSCOPIC GUIDED INJECTIONS

For Fluoroscopic Guided Injections from one of our providers, there will be a facility fee from Barnes-Jewish Hospital, as well as a charge from the physician performing the injection.



### PHYSICAL/OCCUPATIONAL THERAPY

For physical therapy and occupational therapy you will be billed separately from the provider of choice.



### WORKERS' COMPENSATION

Most of our providers accept workers' compensation patients. Please contact your employer and our workers' compensation coordinators at (314) 747-2539 to see if the physician you have selected is an approved provider before scheduling your appointment.



### AUTO ACCIDENTS

We will bill first party/personal auto carriers. You must provide the following information: company name, mailing address, phone number, claim number and the adjuster's name.



### LEGAL

Our physicians will not treat you under a lien from either the auto carrier or an attorney. You will have to use your health insurance or self pay for treatment.



### DURABLE MEDICAL EQUIPMENT

Most Durable Medical Equipment that you receive from our office will be billed to your insurance. You will then be billed for any outstanding balance or non-covered expenses. For items that are not covered by insurance, you will be expected to pay upon receipt.

## Contact Us

### Orthopedic Patient Financial Coordinator:

(314) 747-9588

### Physician Billing Questions:

Washington University Physicians  
(314) 273-0500 or (800) 862-9980

### Hospital Billing Questions:

Patient Accounts  
(314) 362-8400 or (800) 833-0604