STEINDLER ORTHOPEDIC CLINIC

2751 Northgate Drive, Iowa City, IA 52245 • www.Steindler.com
Phone: (319) 338-3606 | Toll Free: (800) 373-6417 | Fax: (319) 338-0522

OUT OF NETWORK ACKNOWLEDGMENT

Date: _____ Patient Account #_____

Patient Name: _____ Date of Birth: ___/___/___

Insurance Carrier Name: _____

Network name:_____

☐ I have been informed by Steindler Orthopedic Clinic that they **DO NOT PARTICIPATE** in my insurance plans network and that my insurance carrier will consider my services at Steindler Orthopedic Clinic, to be **OUT OF NETWORK**, resulting in a lower level of benefits and higher out of pocket expense for myself.

☐ I have been informed by Steindler Orthopedic Clinic that I will be considered a **Self Pay Patient** and that a 25% discount will be extended, if my charges are paid in full at the time of service. A minimum of $250.00 is due at the time of service, but the discount will not be extended, if the charges are not paid in full. Reimbursement from your out-of-network provider will be sent directly to the patient.

☐ I have been informed that Steindler Orthopedic Clinic WILL NOT FILE MY CLAIM, because they are not a participating provider in my network and I have been informed that Steindler Orthopedic Clinic **does not accept any reimbursement deemed as Usual and Customary, to be considered as payment in full**.

_____

Patient Signature