

**ST. CLOUD ORTHOPEDIC ASSOCIATES, LTD.**

1555 Northway Drive, St. Cloud, MN 56303  
320-259-4100 • Fax: 320-259-8044

***CREDIT POLICY***

**Credit Policy:** All charges are due and payable within 30 days following the date they are billed unless other arrangements are made with the business office. Any insurance policy or health plan is a contract between the patient and the insurance company or health plan. As a service to patients, St. Cloud Orthopedic Associates, Ltd. will file primary insurance forms at no charge. If the insurance company or health plan does not pay the claim within 30 days after it is mailed, the patient is responsible for paying the balance of the account and contacting the insurance company or health plan regarding settlement. St. Cloud Orthopedic Associates will assist patients in processing their claims. However, the patient or responsible party is personally responsible for payment of the account. If for some reason you are having a personal financial crisis, please contact our credit department to discuss a payment schedule. Unless a payment plan is agreed upon, if you do not pay your account within 30 days after it is mailed, St. Cloud Orthopedic Associates will treat your balance as a loan under this agreement.

**Finance Charges.** You will be charged a Finance Charge for each day that the loan is not repaid. There is a grace period of 90 days during which you may pay the loan without incurring a Finance Charge. The present periodic rate of 1% per month with the corresponding Annual Percentage rate of 12% will be used to figure the Finance Charge.

**Figuring the Finance Charge.** The finance charge to your account is figured by applying the periodic rate to the amount owed at the end of each billing cycle (deducting payments and credits made during the billing cycle). You agree to pay a minimum finance charge of .50 cents per month if you have an outstanding loan.

**Minimum Payment Requirements.** If you do not pay your account in full within 30 days following the date it is billed, you will contact St. Cloud Orthopedic Associates to arrange a payment schedule.

**In Consideration of Services Provided.** You are agreeing to pay for services provided to you, to your spouse, and to your minor children. You agree to pay all charges not covered by insurance or a health plan.

**Statements.** Each month a statement showing services, payments, and credits made to your account during the previous month will be mailed to you which includes the date your payment is due. The statement will be considered correct unless you notify St. Cloud Orthopedic Associates by using the procedure explained on the other side of this page.

**Default.** St. Cloud Orthopedic Associates can terminate your account without any advance notice to you and require you to pay the entire outstanding balance in one payment if: (a) you do not meet the repayment terms; (b) you do not comply with this agreement; (c) you are bankrupt or insolvent; or (d) you die.

**Termination.** Either of us may terminate this agreement by giving 30 days' written notice to the other at any time, but you will still have to pay your unpaid balance.

**St. Cloud Orthopedic Associates Rights if You Are in Default.** Late payments, partial payments, or any payments marked as being payment in full or as being in settlement of any dispute may be accepted without St. Cloud Orthopedic Associates losing any of its rights under the law. If you default, you will have to pay any reasonable attorneys' fees and other costs of collection unless prohibited by law.

In this policy, the words "you" and "your" mean the patient or responsible party.

The reverse side contains additional terms and important information regarding your rights to dispute billing errors.

4134555\_1.DOC

**ST. CLOUD ORTHOPEDIC ASSOCIATES, LTD.**

1555 Northway Drive, St. Cloud, MN 56303

320-259-4100 • Fax 320-259-8044

**Your Billing Rights**

Keep this Notice for Future Use

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

**Notify Us In Case Of Error or Questions About Your Bill.**

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at 1555 Northway Drive, St. Cloud, MN 56303. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

**Your Rights and Our Responsibilities After We Receive Your Written Notice**

We must acknowledge your letter within 30 days unless we have corrected the error by then. Within 90 days, we must either correct or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your account. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find out that we made a mistake on your bill, you do not have to pay finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments of the questioned amount. In either case, we will send you a statement of the amount you owe and the date that is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone to whom we report you that the matter has been settled between us when it finally is.

If we do not follow these rules, we cannot collect the first \$50.00 of the questioned amount, even if your bill was correct.