



**INSTITUTE OF  
ORTHOPAEDIC  
SURGERY**

**Scheduling  
(702) 735-7880**

**Main  
(702) 735-7355**

Welcome to the Institute of Orthopaedic Surgery! Please contact us in advance of your procedure so that we may discuss the following information.

It is our desire to make your visit with us as pleasant as possible. We prepare this information to help you better understand our collection processes as well as enable us to process your insurance claim in an accurate and timely manner.

N/A If this surgery is related to an accident or injury, please provide date: \_\_\_\_\_

N/A If this injury is work related, please list your employer: \_\_\_\_\_

It is our policy to collect amounts owed at the time of service. When your insurance company pays the charges to the Institute of Orthopaedic Surgery and processing is complete, any additional amount owed or refunds due based on any co-payment, deductible or co-insurance collected at the time of service will be addressed promptly through a mailed statement or refund to your address on file.

Primary Insurance Company: \_\_\_\_\_

Deductible: \_\_\_\_\_ Remaining Deductible not met: \_\_\_\_\_

Your policy is a(n) \_\_\_\_\_ and the estimated coinsurance is \_\_\_\_\_.

If you are having a surgical procedure performed, your insurance company or you will be billed by three separate entities for services related to your procedure.

1. Institute of Orthopaedic Surgery
2. Surgeon's Charge
3. Anesthesiologist's Charge

If you are having a pain management procedure, your insurance or you will be billed two separate times.

1. Institute of Orthopaedic Surgery
2. Physician's Charge

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Patient Signature:

Date: