



FRACTURE CARE BILLING

Dear Patient,

Your insurance company requires that we bill our services using a coding system. The code for fracture care is billed as a “packaged” service under the term of “surgery” – that means that at the time you begin you initially begin your care for this fracture injury, we issue a bill that includes:

- Evaluation of the fracture, regardless of whether a repair or manipulation is required
- Application of the first cast or splint
- 90 days of normal, uncomplicated follow-up care

Things that are not included in the package bill are:

- X-rays
- All casting **supplies** (including those used for the first cast or splint)
- Any replacement cast or splint
- Any Durable Medical Equipment (DME), such as braces, etc.
- The evaluation and management of any **additional** problems or injuries
- The treatment of any complications to this injury

There will be a separate charge for any of these items.

Your insurance company will determine what portion of our bill you owe. Most insurances will send you a statement (an Explanation of Benefits) telling you what they paid OrthoCincy, and what you owe to us.

We are required to bill you and your insurance this way by the government. Because we participate with Medicare and other insurances, we do pass along their discounts to you. They do not allow us to offer additional discounts, however. If you have questions about how your insurance processed your claim, please contact them directly.

We would be happy to answer any questions you may have about your care or our billing process.

Please contact us at 859-301-BONE if you have questions.

Thank you for trusting us with your care!