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Potomac Valley Orthopaedic Associates

Dear Patient:

This letter is to inform you of our **Self-Pay Policy**. When you made your initial appointment, you were asked to bring in a payment of **\$200.00. This is payment for a new condition visit. Casting and bracing will be an additional charge.** This payment will be applied toward the services rendered today, but is **not** payment in full for the visit. We cannot determine at this time the total charges for your visit, as it depends on the complexity of the visit and services that will be provided by the physician.

The total payment for each Epidural Block is **\$350.00. You will be required to pay in full at the time of your visit.**

Additionally, you will be asked to bring in a payment of **\$100.00** each time you receive follow up care and this payment is the cost of an office visit. Once again this is **not** payment in full for services rendered, but it will be applied toward your balance due.

For patients who have workman’s compensation or auto accident claims and do not have personal health insurance or refuse to give us your personal health insurance the self-pay policy applies. The self-pay policy will also apply when a claim is denied or becomes exhausted.

To set up a payment plan or clarify any questions or concerns regarding this policy, please contact our Billing Department at (301) 774-9300.

I, \_\_\_\_\_, certify that I received a copy of this letter explaining the self-pay policies of The Centers for Advanced Orthopaedics Potomac Valley Orthopaedics division.

Patient’s Name: \_\_\_\_\_

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

Patient #: \_\_\_\_\_