

# The Spine Institute

## Financial Policy

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Responsible Party/Guarantor

As a courtesy, we will bill most insurance carriers for you if the proper information is provided to us. ***Your co-payment, deductible and/or co-insurance will be collected at time of service.*** You are responsible for knowing your insurance benefits. You carry the contract with your insurance carrier and if your co-payment is not paid you are in breach of that contract. If you cannot make your co-payment we can reschedule your appointment for you. If your insurance carrier has not made payment within 90 days of the claim being filed, the professional fees are due and payable in full, from you.

You must provide authorization prior to services being rendered if required by your plan. We are out of network with some of the plans so make sure you know your benefits.

### Non-Covered Services

Any care not paid by your existing insurance coverage will require ***payment in full upon notice*** of the insurance claim denial.

### Surgery Fees

Your co-insurance, deductible, or non-covered charges are due prior to your surgery being performed. Prior arrangements may be made by calling the billing office. If your insurance requires a prior authorization it is up to you to make sure that that is completed, and you are aware of your benefits. We will call and obtain an authorization if it is needed prior to surgery. This is not a guarantee of payment from your insurance company.

### Personal Injury Cases

This office does not bill for third party carriers. We DO NOT accept liens or letters of protection from any insurance carrier or attorney. You will be responsible for all charges and you can request payment from the third-party carrier.

### Workers Compensation

We will need authorization from the work comp insurance carrier prior to your visit. To bill the carrier, you must provide us with the caseworker's name, phone number, claim number, employer's address, employer's phone and contact. If your claim is in dispute or has not been approved by your caseworker, you cannot be seen until resolved. You must also provide your health insurance carrier card at your appointment or be personally responsible for any denied claim.

### Missed or Late Appointments

Patients are expected to provide at least a 24-hour notice in advance for all cancellations. We try very hard to keep on schedule. Late arrival appointments may be subject to rescheduling based on the discretion of the physician. Please arrive when instructed.

### Collection Policy

I understand that I must submit information as needed to ensure that payment for services rendered is received. I understand that I am ultimately responsible for payment of all services. I will pay any unpaid balance by cash, check, or credit card (Visa, MasterCard, Discover, and American Express). For accounts to be in good standing, a payment must be made **every 30 days**. We will make every effort to work with our patients on delinquent accounts. If the account does default it may be turned over to a collection company. If this occurs then you understand you will be responsible for collection effort fees which may include interest, attorney fees, and court costs.

### Non-Sufficient Funds/Closed Accounts

Your account will be \$32 per returned check for non-sufficient funds, closed account, etc. You will be responsible for the original amount plus the fee. If payment is not made, your account may be subject to our collection processes and additional costs could be incurred.

If you have any questions you may ask at the time of service or you may call Monday – Friday from 8:00a.m to 4:30 p.m. at (317) 573-7733 ext. 224.

I have read, understood, and agreed to the above-mentioned financial policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4/1/2009  
1/4/2017  
6/12/2017