

FINANCIAL POLICY

We would like to thank you for choosing Advanced Pain Consultants as your healthcare provider. Our physicians and staff are committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services.

Medical Insurance Benefits: We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and Medicare. As a courtesy to our patients, our billing office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is the patient's responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid.

Please bring your insurance card with you at the time of your appointment. Our staff will make every attempt to verify your health insurance coverage prior to every office visit. If we are unable to verify insurance coverage or if you are a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Insurance Request for Information: The patient must respond promptly to any requested information from the insurance carrier or billing service. Failure to respond in a timely manner to requests for information which result in non-payment from the insurance carrier will result in the patient being responsible for the entire balance on the affected claims.

Notification of Insurance Changes: Patients are required to give prompt notification to the office of any changes in health insurance plan and/or coverage including changes to address and/or phone number, claims adjustor, attorney, primary treating physician, or any other changes to your personal information *within 10 days of the change* so we can keep your records up-to-date. Failure to do so will make the patient fully responsible for payment of the services provided.

Deductibles, Co-pay and Co- insurance: Insurance coverage is an agreement between the patient and his/her insurance carrier. Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your copayment on or before each visit. For your convenience we accept cash, check, Visa, MasterCard, Discover, and American Express. If you do not have your copayment or carry a large outstanding balance your appointment may be rescheduled. Returned checks will result in a \$25 NSF fee, in addition to the fees charged by your bank.

Additionally, you may have a deductible and co-insurance amounts required by your insurance carrier. These amounts are specific to the plan you or your employer has selected. Payment of the deductible and co-insurance are also a part of the contract between you and your insurance, and often result in a balance being owed by the patient. Any outstanding balance on your account, after adjusting for your insurance carrier's responsibility, will be billed to you.

Payment Plan/Failure to Pay: Patients with a balance on their account must pay the account in full or establish a payment plan according to APC's new payment guidelines. Failure to make a payment on the account balance for three consecutive billing cycles or 90 days will result in referral of the account to a collection agency and possible discharge from the practice.

Patient Conduct: Our staff strive to be professional, caring, and empathetic toward patient needs and concerns. We ask that as our patient you be respectful of all of our healthcare providers, staff, and other patients. If you have a question or concern, please address it appropriately with our Practice Administrator. We will do our best to answer questions and resolve your concerns.

Cancellations/No show: If you are unable to keep an appointment, please call our office at least 24 hours prior to your office visit and 72 hours prior to your procedure. We can then reschedule your appointment to a more convenient time. A \$50 fee will be applied to all office visits not canceled prior to the 24 hour period or if you fail to show for your scheduled appointment. A \$150 fee will be applied to all procedures not cancelled prior to the 72 hour period *or* if you fail to keep your appointment. Cancellation fees are the sole responsibility of the patient and are not covered under patient's insurance.

Late Arrivals: Though we understand that there are reasons why you might be late for an appointment, late arrivals impact our busy schedule and other patients that arrive on time. We will see you on the same day, however, there may be a wait as we will need to see other patients at their scheduled time. There will be a \$50 office visit or \$150 procedure late fee when patients arrive more than 15 minutes past their scheduled time.

Pre-authorization and/or Pre-certification: As a courtesy to our patients, Advanced Pain Consultants, S.C. will obtain any pre-authorization and/or pre-certification required prior to services performed; however, most insurance carriers state that this not a guarantee of payment. Our office and billing service will work with the patient and insurance carrier to obtain insurance payments however, the patient must accept financial responsibility for all services provided in the event that the insurance carrier denies payment.

Procedure Appointments: Patients are required to confirm their procedure at least 72 hours prior to the scheduled time. Failure to confirm will result in cancellation of the procedure. Patients must bring a responsible adult to procedure appointments unless explicit permission has been provided by the physician. The responsible party is to remain in the office for the duration of the procedure, and must remain with the patient for twelve (12) hours post-procedure. Failure to have a responsible adult present will result in cancellation of the procedure and a \$150 cancellation fee.

Direct Insurance Payments: Any payments sent directly to the patient are the property of the Provider. The patient agrees to immediately forward to Provider all payments, explanation of benefits and correspondence sent directly to the patient from all insurance carriers related to the care rendered by the Provider. Failure to do so will make the patient responsible for the entire billed charge (unless there are contractual obligations between Provider and insurance carrier(s) disallowing balance billing).

Patient Payment Guarantee: Patient agrees to cooperate fully to assist the office and billing service in their efforts to get claims paid. Please be sure that you are familiar with your insurance benefits and the coverage provided by your insurance plan. We encourage you to contact your insurance directly to verify benefits and coverage of services provided. Our office will assist you in obtaining payment, however, the patient and/or guardian agrees to pay any and all charges not covered by their insurance carrier.

Assignment and Release: I authorize payment to be made directly to Advanced Pain Consultants, S.C., and fully understand that I am the responsible party for all charges incurred by me or my dependents at this facility. I also authorize the release of any and all information required to insurance carriers, WC, etc. to collect and process my claims.

I have read and understand the financial and office policies outlined above.

Responsible Party name (please print)

Responsible Party Signature

Date