

The Spine Institute FINANCIAL POLICY

PATIENT NAME: _____ **DATE OF BIRTH:** _____

BASIC POLICY: Payment for service is due in full at the time service is provided in our office.

PATIENTS WITH INSURANCE: As a courtesy, we will bill most insurance carriers for you. We will also bill most secondary insurance companies for you. **Co-payments, co-insurance and deductibles are due at the time of service.** If your insurance carrier has not made payment, the professional fees are due and payable in full from you.

MEDICARE PATIENTS: We will bill Medicare for you. We will also bill your secondary insurance carrier for you. **All co-insurance and deductibles are due at time of service if applicable.**

MEDICAID PATIENTS: You will provide authorization prior to services being rendered if required by your plan. Eligibility is verified by us at each office visit and you will be responsible for your spend down.

SURGERY FEES: Co-insurance and deductibles are due prior to your surgery being performed. A deposit is required prior to your surgery being scheduled. Prior arrangement can 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.

NON-COVERED SERVICES: Any care not paid by your insurance carrier will require payment in full at the time services are provided or upon notice of insurance claim denial.

PERSONAL INJURY CASES: This office **does not** bill for auto accidents, liability claims or lawsuit related cases. We will bill your health carrier and co-payment and deductibles are due at time of service. We DO NOT accept liens or letters of protection. You are responsible for full payment if your carrier does not pay for your services.

WORKERS COMPENSATION: We will need authorization from the work comp insurance carrier prior to your visit. In order 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 must provide your health insurance carrier card at your appointment. You will be responsible for any denied claim.

MISSED OR NO SHOW APPOINTMENTS: We request at least 24 hours notice to cancel your appointment. **If you no show for your appointment you may be charged \$25.**

INSURANCE REFERRALS: If your insurance requires a referral from your primary care physician, you are required to have it on file in our office before you are seen. Please remember, it is your responsibility to have the referral at the time of your visit.

I have read, understood, and agreed to the above-mentioned financial policy for payment of professional fees. If I have any questions I may ask at the time of service or I may call Monday – Friday from 8:00a.m to 5:00p.m. at (317) 573-7733.

Signature: _____

Date: _____

4/1/2009

Rev: 8/11/2010