

PATIENT FINANCIAL POLICY

(Effective July 1, 2017)

Thank you for choosing Innovative Spine & Orthopedic Clinic. We appreciate your trust in us. We are committed to providing you with the highest quality medical care, in an efficient, timely and cost-effective manner. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office. Please read it, ask us any questions you may have, and sign in the space provided.

Payment of Services

Payment for services rendered is ultimately the patient's responsibility. Your insurance policy is a contract between you and your insurance company. You must comply with the rules of your insurance company such as obtaining a valid referral form. Plan eligibility for procedures does not always confirm certification, authorization or payment of service. We will file your insurance claim, but for claims denied because of failure to comply with the insurance company requirements, you will be responsible for paying the denied amount. Your insurance company requires you to pay your co-pay at the time of service. Failure to pay is a violation of your contract with your insurance company. If you cannot make your co-pay at visit, we are happy to reschedule your appointment at the next available opening. The deductible amounts are always the patient responsibility. Until the deductible amount is satisfied, your insurance is not responsible for reimbursement or payment.

It is your responsibility to provide us the correct information about your insurance company. Please informing our office of any changes in address, phone, insurance carrier, policy and/or group number. Providing the correct information allows us to process your insurance claim quickly and accurately. Out of date cards with incorrect information or the wrong insurance cards can cause unnecessary delays in the payment of your claim and the balance may ultimately become your full financial responsibility.

Patient Payment

Payment (deductible, co-payments or co-insurance) is due at the time of service. If you have an outstanding balance, please be prepared to pay it at the visit. We accept cash, check, or a credit/debit card to pay your account. **A current valid credit card will be kept on file.** Please give your credit card to the front office staff. The credit card will be swiped and the credit card number will be encrypted and stored securely by Elavon, a leader in the credit card industry and an affiliate of U.S. Bank. (No credit card numbers are stored at our practice.) The card on file is used to cover your balance according to the terms of this policy. Credit card will only be charged after the visit has been billed to insurance, and a balance is indicated. You will receive a notification by email five days before your credit card is charged to allow you the opportunity to question a bill. Your card will only be charged if there is no response to the notification.

Statement

When we determine that you owe a balance, we will mail a statement to the mailing address provided to us by you. If your address changes, you are responsible for notifying us. Payment is due upon receipt of the statement. Please contact our office as soon as possible after receipt of your statement should you have any questions, or should you wish to discuss the outstanding balance. Should you need it, we can help you set up a payment plan with a valid credit card. One-third (1/3) of the total balance is due the first day of the payment plan. The credit card used will automatically be charged for the second and remaining third owed on a monthly basis. If your account remains unpaid, subsequent statements will be sent to the address we have on file. When your balance is 90 days past due, your credit card will be charged for the full amount owed. If declined, your account will be frozen and turned over to an outside collection agency for non-payment. In the event of non-payment, you will be responsible for any collection and/or legal fees associated with the collection of the balance due.

Estimated Surgical Deposits

Should you decide or require surgery, you are responsible for any and ALL fees, such as co-pays, co-insurance,

deductibles or out-of-pocket expenses for the surgeon's fee, which your insurance company makes you responsible for. If the amount can be determined prior to surgery, you are responsible for the portion of any co-insurance or deductible to hold your surgical appointment. We accept cash, check, or a credit/debit card to pay your account. You are required to provide us with a credit/debit card information which will facilitate the settlement of any balances that may be your responsibility after we have settled with your health insurance carrier. Your signature below gives consent and authorizes us to charge your credit/debit card. You will be notified prior to charging your credit/debit card. If the insurance carrier's benefits plus the amount on deposit exceed the amount owed for services, the difference will be refunded back to you. Refusal to pay these fees can result in rescheduling or cancellation of your surgery.

Non Covered Services

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. We recognize government plans require an "Advance Beneficiary Notice" which we will provide.

Workers' Compensation Claims

We file workers compensation claims, however your employer must approve treatment and the bill for services rendered must be sent to your employer or their Workers' Compensation carrier. If your employer does not approve treatment and you select us for treatment, you will be responsible for the bill.

No Insurance Coverage

If you do not have insurance coverage, we expect payment in full before service is rendered. In certain circumstances, payment plans may be made in advance of your visit. If you default on your promised payment, our policy is to refer your account to a collection agency.

Physician Non Participation in Your Insurance Plan

We participate in many insurance plans. However, there are plans with which we do not participate and therefore you would be responsible for the difference between the "Out of Network" payment and our billed charges. If you have questions, please contact your insurance plan.

Administrative Fees

In order to keep our charges as reasonable as possible, we ask patients, parents/guardians, and responsible parties to understand their responsibilities and to keep their appointments or provide 24 hours notice to cancel. When patients fail to meet their responsibilities, it adds time and cost for our practice. Rather than increasing charges to everyone, those who do not follow the policy will be charged an additional fee:

- Checks returned for insufficient funds \$30
- No show without 24-hour notice \$40
- Completed Forms (FMLA) \$40
- Medical records request \$25 for the first 20 pages and \$.50 for each additional page

I acknowledge that I received, reviewed, and agree to comply with the Innovative Spine & Orthopedic Clinic financial policy.

Signature of patient (or responsible party)

Date

Account guarantor signature (parent or guardian for patient's under 18 years old)