



FINANCIAL POLICY

*To ensure that we are able to continue providing quality care to our patients,
the following financial policies shall be enforced:*

Payment Responsibility	The patient or his/her legal representative is ultimately responsible for all charges incurred.
Assignment of Benefits	As a courtesy to our patients we will bill their insurance plan. We will do so only if the patient provides the required insurance information. We will make every effort to help our patients understand their insurance; however it is ultimately the patient's responsibility to be familiar with their health insurance plan. Please bear in mind that your insurance is a contract between you, your employer and your insurance company, of which we are not a party. We cannot guarantee payment of claims, and a reduction or rejection of your claim does not relieve you of your financial obligation. In the event that your insurance plan sends you a check for payment of services rendered in this office, we ask that you please make this check payable to us at the time of receipt. If this is not done, the patient will then become responsible for the outstanding balance.
Self-Pay Patients / Non-Covered Services	Payment for all charges which are not covered by insurance may be requested and are due at the time services are rendered. If the patient is unable to make full payment on these charges, it may become necessary to request for a payment arrangement to be made.
Prior Unpaid Accounts	Prior to providing services, payment of outstanding accounts may be requested. At this time, payment should be received or a payment arrangement may be requested. Patients with unpaid delinquent accounts may be denied treatment if not medically required.
Payment Arrangements	If a patient is unable to make full payment of the patient balance when due, periodic partial payments may be arranged through CareCredit, a service offered by GE Capital Consumer Card Co. A patient financial evaluation may be requested to determine appropriate payment arrangements.
Methods of Payment	We accept cash, checks, CareCredit, VISA and MasterCard.

Return Check Fees	There is a \$35.00 fee for checks returned due to insufficient funds.
Referral for Outside Collections	Accounts which cannot be collected after normal in house collection procedures may be referred to an outside agent for further collection action. Additional fees for these services may be charged to the patients' account.
Hardship Accounts	If a patient is determined to have financial hardship, we will assist the patient in applying for other financial assistance. If no source of financial assistance is available, the patient's account will be reviewed for a charitable allowance.
No-Show Fees	If the patient is unable to attend their appointment, our office must be notified AT LEAST 24 hours before the scheduled appointment time. If the patient's appointment is scheduled on a Monday, we must be informed NO LATER THAN 10:00 a.m. the previous Friday. If we are not notified within these time frames, a no-show fee of \$50.00 will be charged directly to the patient. This fee must be paid in full before the patient's next appointment.
Refunds	Overpayments will be refunded to the appropriate party. Patient refunds will not be processed until all active or past due accounts are paid in full. Refunds of less than \$5.00 will not be issued unless specifically requested.
Contact Insurance Company on the Behalf of the Patient	To authorize patients for appointments, we speak to insurance companies directly on behalf of the patient. Patient grants permission for us to do so without reservation.

I understand and agree to the above defined financial policy of *Pain Management Associates*.

Patient Signature: _____ Date: _____

Patient Name: _____ DOB: _____