

Payment Methods: We accept cash, MasterCard, Discover, VISA, and American Express.

Insurance & Billing: It is our policy to verify benefit coverage- patients are responsible for any services not covered by their insurance company. Patients authorize Advanced Spine & Pain Interventions, LLC to file claims on their behalf and payments may be rendered directly to Advanced Spine & Pain Interventions, LLC for benefits otherwise payable to them by any third party. We rely on accurate and updated information to process payments in a timely manner, so patients are advised to report any information changes to the office. **If the patient is considered a minor under state laws, their legal guardian will be held responsible for all patient payments.**

Copayments, Deductibles, & Co-insurance: A co-payment is a flat fee paid each time a medical service is accessed, and it must be paid before any policy benefit is payable by an insurance company. Co-payments are due at the time of service. Deductibles must be paid out-of-pocket by the patient before the benefits of the insurance policy can apply. If patients have not yet met their deductible for specialist visits, an estimation of that amount is calculated, payment will be due at the **time of service**. Co-insurance is a percentage of the allowed charge that patient's pay after their deductible has been satisfied, an estimation of that amount is calculated, payment will be due at the **time of service**. **Please note: All payments are due at the time of service.**

Self-Pay: If a patient is uninsured for our services, we will see them on a self-pay basis. We require self-pay patients to pay all account balance, in-full, at the time of service.

Outstanding Account Balance: Advanced Spine & Pain Interventions, LLC requires all patients to make a payment of one-half (i.e., fifty percent) towards their patient balance at each appointment, in which a patient balance exists, prior to receiving any services. We will assist in reminding patients of outstanding balances and upcoming payments prior to their next appointment; however, patients are ultimately responsible for keeping record of service fees, insurance payments, account balances, etc. – and they hold full responsibility towards making payments on-time, following all policies stated by Advanced Spine & Pain Interventions, LLC. If an outstanding balance remains unpaid 90 days past due, Advanced Spine & Pain Interventions, LLC reserves the right to send the patient's account information to an outside collection agency, which may include their listing information with the credit bureau. The above guidelines also apply in the event of patient/facility issues remaining unresolved in regards to unpaid account balances, and following a thorough account review, patients may be discharged from our facility.

Overpayment: Patients agree to allow Advanced Spine & Pain Interventions, LLC to apply account credits to any outstanding balance on their account. Advanced Spine & Pain Interventions, LLC can apply this credit to any outstanding balance on the patient's account, including balances related to professional or facility fees. Patients will be refunded any amounts paid in excess after all outstanding amounts have been credited.

Referrals: Referrals and authorizations may be required by insurance companies, which we will work to process in a timely manner. Advanced Spine & Pain Interventions, LLC reserves the right to cancel or reschedule patients who do not have proper documentation prior to receiving services.

Form Requests: Advanced Spine & Pain Interventions, LLC accepts written requests to complete forms in compliance with state laws and policies. This service requires an administrative fee to be paid in advance, and the patient information portion of each form must be completed prior to processing. Please note a **minimum of five business days** is required to complete any form, and processing may take anywhere from 5-7 business days once signed authorization and permission to release medical information has been provided. All completed forms are mailed or faxed to the disability carrier/employer as indicated by the patient, or available for pickup at our office.

Missed Appointments or Cancellations: Advanced Spine & Pain Interventions, LLC charges a \$80 non-refundable fee to the patient's account for missed appointments and appointments not rescheduled 24 hours in advance, and \$160 for missed procedures. Patients agree to pay any applicable fee at their next scheduled appointment, in addition to any copay, coinsurance, or account balance that is due. Patients are responsible for keeping track of their scheduled appointments and should contact our office to cancel or reschedule. Shall a patient fail to call, reschedule or appear for an appointment on three (3) separate occasions, Advanced Spine & Pain Interventions, LLC reserves the right to discharge the patient from the practice. In the event of an emergency, where proper and valid documentation is provided by the patient, Advanced Spine & Pain Interventions, LLC may review the issue and choose to waive the cancellation fee on the patient's account; however, this decision remains at the sole discretion of our company.

By signing below, I acknowledge that I have read, fully understand, and agree to the Financial Policies & Disclosures of Advanced Spine & Pain Interventions, LLC. I agree to follow all guidelines stated within, and I understand that fees charged to my account must be paid at my next scheduled visit before any medical service is rendered.

Patient Name (please print): _____

Patient Signature: _____ **Date:** ____/____/____