



FINANCIAL POLICY

Thank you for choosing us for your healthcare needs. It is our pleasure to provide medical care to you. We make it our responsibility to provide you with the highest quality care. We ask that in return, you take seriously your responsibility to ensure that payment for services is rendered on a timely basis.

Patients with Insurance:

Our office will submit your claim to your insurance company based upon the insurance information you provide to us. However, the responsibility for payment of services rendered rests directly with you. If payment is not received from your insurance carrier within sixty (60) days of billing, you need to contact your insurance company. If there is still no payment within ninety (90) days, you will be asked to make payment in FULL. It is your responsibility to understand your insurance policy and to know what services are, or are not covered and what services require prior authorization.

Any changes in insurance coverage need to be conveyed at the time you check in for your appointment. If your insurance is no longer in effect or does not cover you for any other charges that the insurance carrier indicated, payment is your responsibility including deductibles, co-insurance, and non-covered services. Payment is due upon receipt of our statement.

Self-Pay Patients

If at any time we find there has been a change in insurance coverage and you did not notify the office in a timely manner we reserve the right to require full payment of your outstanding balance within thirty (30) days.

If you do not have insurance, your insurance has been terminated, or the services provided by our office are not covered by your insurance, you are fully responsible for the costs of your care.

We require you to pay for the cost of each service at the time of the visit. If you have questions regarding the cost, a billing representative will be happy to talk with you.

Medicaid Patients:

We must have a copy of your current Medicaid card. When required, we must also have a referral/authorization from your primary care physician. It is up to you to find out if your Medicaid type requires an authorization.

Payment Options:

We accept cash, money orders, checks, and credit cards. (A \$27.50 fee is charged on all returned checks.) If you are unable to meet the requirements of this financial policy, we ask that you contact our billing specialist to set up a payment plan that is acceptable to both this office and to you, the patient.

In the event that your account becomes delinquent, you are responsible for all collections costs, including any collection fees, attorney fees, processing fees, court costs and interest fees.

I have read and I understand Interventional Pain Consultants' policy of Financial Responsibility.

Signature: _____

Date ___/___/_____