

WE WELCOME YOU TO INTERVENTIONAL SPINE & SPORTS MEDICINE, PC

IMPORTANT INFORMATION FOR OUR PATIENTS CONCERNING YOUR HEALTH CARE AND OUR FINANCIAL POLICY

We want you to get the best possible results from the help we provide for you. To make this happen there are some things you will have to do.

During the course of your evaluation and management your doctor may suggest that you have certain tests done, physical therapy, return for follow-up, or that you be evaluated by a physician of a different specialty. To be sure that this works for you, we ask that you keep all scheduled appointments, both here and elsewhere. **IF YOU HAVE ANY QUESTIONS ABOUT YOUR RECOMMENDED TREATMENT PLAN, PLEASE ASK US RIGHT AWAY.**

The continuity of your care often depends on certain acts and decisions by you, along with your full cooperation and open communication. If you cannot go ahead with your doctor's recommendations, please let us know right away. Your doctor depends on your honest and complete feedback, and will respect your decision.

The field of medicine often involves problems which can be life threatening if not properly and promptly addressed. That is why it is so important for you to follow through with all tests and appointments.

PLEASE NOTE THE FOLLOWING BILLING GUIDELINES:

Private Medical Insurance: We contract with many different insurance companies-HMOs, PPOs, Medicare, etc. All copays, deductibles, co-insurances, and non-covered services are your responsibility. We recommend that you contact your insurance company to verify your coverage. If your insurance company requires a referral from your PCP **IT IS YOUR RESPONSIBILITY TO BE SURE WE HAVE THE NECESSARY REFERRAL** information before your appointment or the appointment will be canceled. If you choose to go ahead with an appointment or other service without the required information, according to your insurance company, you will be responsible for payment in full.

There are over one thousand commercial insurances. We cannot know all the rules of each one. It is the responsibility of the patient to know and understand the policies of his/her insurance. If you provide us with the necessary information, as a courtesy we will send in a claim for you.

If we do not participate with your insurance and you choose to be seen by our facility, you will be responsible for payment in full prior to your visit. If payment in full cannot be made, we can discuss other arrangements.

INSURANCE IS NOT A GUARANTEE OF PAYMENT.

Workers' Compensation Insurance: If you are here as the result of an injury on your job, we will help you with the paperwork necessary for you to submit a workers' compensation claim. **UNTIL SUCH TIME AS YOUR CLAIM HAS BEEN ACCEPTED BY YOUR EMPLOYER'S WORKER'S COMPENSATION INSURER, YOU ARE PERSONALLY RESPONSIBLE** for paying for the services you receive, and we will treat your

account the same as a non-workers' compensation claim. This means we will send a claim for you to your primary health care insurance company, if you provide us with the necessary information.

Accident-Motor Vehicle/Personal: If we are caring for you as a result of injuries from a motor vehicle, personal, or an accident not related to your job, as a courtesy we will supply you with the necessary paperwork for you to submit.

Legal Cases: We do not bill attorneys. We do not accept letters of protection from your attorney. Legal cases are to be paid at the time of visit in full.

We take pride in providing our patients with the best care possible. Our charges reflect the "usual and customary" within our area and specialty. You are responsible for the difference between your insurance company's usual and customary and our doctor's fee.

Other Fees: -Returned Check- \$25.00. If a check is returned a second time, it is office policy that ISSM will only accept cash/credit card from that point on.

-Notice of cancellation for scheduled appointments must be at least 48 hours prior to appointment. Failure to do so may result in a \$75.00 fee for Office Visit, and \$200 for a Procedure Visit.

For your convenience, we accept MasterCard, Visa, American Express, and Discover.

In the case of hardship, a payment plan can be arranged by speaking with our billing department.

I guarantee payment of all charges incurred to my account and agree to pay all collection, court costs and attorney fees incurred to my account.

I understand and agree to the "Financial Policy", and have been given a copy of the same.

Patient/Guardian Signature _____

Print Name _____

Date ____/____/____