PATIENT FINANCIAL POLICY

Thank you for choosing the Interventional Spine of Vermont. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is part of that relationship. Please ask if you have any questions about our fees, our policies, or your fiscal responsibility. It is your responsibility to notify our office if any patient information changes (I.e., name, address, telephone, insurance information, etc.)

Insurance

We participate in most insurance plans, including Medicare. If you are not insured by a plan that we do business with, payment in full is expected for each visit. If you are insured by a plan that we do business with but do not have an up-to-date insurance card, payment in full is required if we cannot verify your coverage. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud. Please help us with upholding the law by paying your co-payment at each visit. To make payments, we accept cash, check, money orders, and most major credit cards. The charge for a returned check is $35.00 payable in cash or money order. This amount will be applied to your account in addition to the insufficient funds amount. You will be placed on a cash only basis following any returned check.

Non-covered services

Please be aware that some, and perhaps all of the services you receive may be non-covered or no considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit We are not obligated to write off any amounts your insurance carrier recommends to us.

Referrals

For those patients who are members of an insurance plan that requires a referral, please verify with our front desk staff that current authorization has been received prior to your visit. If we do not have a complete authorization, you will be responsible for your visit.

Proof of Insurance

All patients must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license (government issued ID with photo) and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims Submission

We will submit your claims and assist you in any way we can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not part of that contract.

Release of Information

The provider may disclose any or all parts of these medical records to my insurance carriers(s) and any organization(s) contractually responsible for the purpose of satisfying all charges billed by the practice. This includes but is not limited to all claim filings, appeals, and correspondence regarding the charges billed.

Coverage Changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment

It is our office policy that all past due accounts will be sent 2 statements. If payment is not made on the account, a phone call will be made to try and make payment arrangements. If no resolution can be made, the account will be sent to a collection agency and patient will be discharged from the practice. If this occurs, you will be notified by regular or certified mail that you have 30 days to find alternative medical care.

Self-Pay Accounts

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans that our office does not participate, or patients without an insurance card on file with us. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is

participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay until otherwise proven. Please ask to speak with the Practice Manager to discuss a mutually agreeable payment plan.

Minors

The parent(s) or guardian(s) is responsible for full payment and will receive billing statements. A signed release to treat may be required for unaccompanied minors. If you are over 18 years of age and receiving treatment, you are responsible for the payment of the service.

Your signature below acknowledges receipt and understanding of our financial policy:

_____

Signature of patient (or person authorized to sign for the patient)

Date: _____

_____

If authorized signer, relationship to the patient

Witness: _____ Date: _____

I have been offered a copy of this consent form (patient's initials) ____