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919-825-3902

1303 Carthage Street
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919-292-2468

Spine & Pain ASSOCIATES
Feel Better, Live Better

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959 East Street
Pittsboro, NC 27312
919-292-2468

3117 Rogers Road, Unit #120
Wake Forest, NC 27587
919-701-5503

Financial Policies

Thank you for choosing Spine & Pain Associates, PLLC. We are committed to compassionate, personalized care in a professional and confidential environment. We ask that you review and accept our financial policies prior to provision of services.

Instructions: Please review each part of our financial policies, initial each one, and sign at the bottom of the form. Complete the form and bring it with you at the time of your visit.

_____ **Payment Required at Time of Service:** We require payment at the time of service. If you have health insurance and we are an in-network provider with your carrier and plan, we will ask for your co-insurance, co-payment and any unmet deductible, if applicable. If we cannot verify your insurance eligibility, if we are non-network provider or if you do not have insurance, we require either full payment at the time of service or the first payment of a payment plan to which we have agreed. We accept cash, VISA, MasterCard, and Discover. We do not accept personal checks.

Insurance: Spine & Pain Associates, PLLC accepts most major private insurance plans as well as Medicare, Medicaid and TriCare. Our participation as an in-network provider may change over time. Please contact us directly at 919-292-2468 to find out if we are an in-network provider with your carrier and plan.

- If you have insurance coverage, please remember that your health benefit plan is an arrangement between you and your insurance company. Your individual plan determines benefit coverage details, coverage limits and the company need for prior authorizations and referrals. We are willing to help, but we strongly encourage you to contact a representative of your insurance for answers to questions regarding your insurance benefits.

  Prior to your visit, we will seek to verify eligibility. If valid, we will be happy to file a claim on your behalf. Even when your insurance plan verifies your eligibility and benefits, it does not guarantee the accuracy of the confirmation of coverage of benefits. In some cases, your insurance plan may not cover the services we provide or may determine that some of the services are not medically necessary. Your insurance company's rejection of all or part of your medical insurance claim does not relieve you of your financial obligation to Spine & Pain Associates, PLLC.

- If we cannot verify your eligibility for insurance, if we are a non-network provider or if you do not have health insurance coverage, we will be happy to provide care for you as a self-pay patient. Payment will be due in full at the time of service, or the initial payment of a payment plan will be due at the time of service. By signing our Insurance Coverage Waiver form, you will agree to accept full financial responsibility for the care that we provide. If you file a claim, your insurance company will reimburse you directly.

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We offer discounted fees for medical services that we provide to self-pay patients. Please contact our practice manager for additional information.

Each time you come to our office, please bring with you a current insurance ID card and a valid government issued photo identification card (e.g. driver's license, passport).

_____ **Pathology Studies and Laboratory Tests:** Our bills for service do not include imaging studies or laboratory tests. If you receive any of these services, you will receive a separate bill from the facility where the services were performed.

_____ **Referrals:** Some insurance plans require a referral from the patient's primary care physician in order to be seen by a specialist. It is the patient's responsibility to: (1) know if his/ her plan requires a referral; and (2) to obtain a referral, if needed, prior to the visit to our office. If you are uncertain about your plan's requirements, please contact your insurance plan prior to your visit. Patients without a valid referral that meets insurance plan requirements will have the option to pay out-of-pocket for the visit on the day of service or to reschedule the appointment.

_____ **Co-Payments and Co-Insurance Co-payments:** co-payments (a fixed dollar amount that is assigned to the patient) are due at the time of the visit and co-insurance (a percentage of total charges that is the patient's responsibility) may be due at the time of visit. Our contracts with insurance companies obligate us to collect these fees; we cannot waive them or bill them.

_____ **Self-Pay Patients:** Payment is due in full at the time of service for self-pay patients, or the initial payment of a payment plan will be due at the time of service. We offer discounts for many of our medical services for people who pay out-of-pocket. We will discuss the cost of any recommended procedures or services in excess of the basic office visit fee prior to the provision of service.

_____ **Credits and Refunds:** We will return any refunds owed to your insurance plan by check. If there are credits or refunds owed to a patient, we will first apply them to any outstanding balance. Remaining patient credits and refunds can be left on the account to be used towards future charges or can be returned to the patient (or to the responsible party who made payment) by check. Please allow 30-45 days for processing.

_____ **Outstanding Balances:** Spine & Pain Associates, PLLC mails billing statements to patients. Payment for any outstanding balance is due upon receipt. Outstanding balances may result from remaining patient balances after we have billed your insurance company. For example, we will bill insured patients for unmet deductibles, additional co-payments, non-covered services or any other charge related to your visit that the insurance carrier assigns to the patient. We also bill patients penalty fees associated with our policy for cancellations, rescheduling and no-shows. In those instances when a patient has a follow-up visit before receiving a statement for prior amounts owed, we will inform the patient of the outstanding balance and request payment at the time of that follow-up visit.

_____ **Cancellations, Rescheduled Appointments and No-Shows:** We understand that plans change and emergencies arise. Please notify us as soon as possible if you need to cancel or reschedule your appointment. Spine & Pain Associates, PLLC has a 24-hour cancellation policy. If you fail to notify us of a cancellation or wish to reschedule an appointment within 24 hours prior to your scheduled appointment or you miss an appointment, we may charge a penalty fee of $25 for office visits and $50 for medical procedures. The penalties may apply regardless of whether or not you receive a courtesy reminder call or text message reminder from our office.

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_____ **Responsible Party:** When a patient is less than 18 years of age, the parent or guardian who signs the Spine & Pain Associates, PLLC, Patient Registration Form is responsible for all fees incurred by the minor. When a patient turns 18 or older, he/she becomes responsible for his/her account and financial obligations. If a parent prefers to assume complete financial responsibility for an adult offspring, Spine & Pain Associates, PLLC must receive notification in writing.

_____ **Method of Payment:** Spine & Pain Associates, PLLC accepts cash, VISA, MasterCard, and Discover. Payments may be made in person, by mail, or by phone.

_____ **Collections:** If you have an outstanding balance that requires special arrangements, please contact our Practice Manager at 919-292-2468 for assistance. It is our sincere desire to help you meet your financial obligations without being sent to collections. Outstanding balances that are not paid within 90 days will be sent to a collections agency. Once a patient's account is sent to collections he/she is responsible for the outstanding balance on the account in addition to a Collections Fee of 35% of the outstanding balance plus any interest, service fees and/or legal fees that accrue while the account is in collections.

Fee Information

Copying Medical Records (in North Carolina)

Pages 1 - 25	$0.75 per page
Pages 26 - 100	$0.50 per page
Pages 100+	$0.25 per page
Minimum charge	$10.00

Electronic Copy of Designated Record Set within Medical Records Requested Under HIPAA: $6.50

Failure to Cancel Appointment within 48 Hours:

Routine office visit	$25.00
Medical procedure	$50.00

Completion of forms unrelated to those required by contracted health insurance: $50

Patient Authorization: My initials above and my signature below signify that I understand and agree to the policies above.

_____ _____

Patient/Guardian Signature Date

_____

Patient/Guardian Printed Name