

## Office and Financial Policies

Welcome to Spine Care of North Texas! Please see below to help keep you informed of all our office and financial policies and sign prior to any medical treatment.

### All payments are expected at the time of service.

Payment is required at the time services are rendered. This includes your applicable co-payment, co-insurance, and deductibles for participating insurance companies. If your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. If you have not met your deductible, the full amount of the visit is due on the day of service. It is also expected that you will pay any remaining balances at the time of service.

The co-payment, co-insurance requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.

### High deductible Health Plans

If you have a high deductible plan, be prepared to pay for all services in full as you incur them. If surgery is requested, you will be asked to pay in advance of booking a surgery time.

### Medicare

If you do not have a secondary insurance, you will be responsible for the 20% co-insurance at the time of your visit.

### Statements:

Itemized statement of charges can be requested by the patient and will be sent within 5-7 business days.

### Insurance Card(s) and Valid ID

You must present a current insurance card(s) and valid ID at each visit. If you do not present current insurance card(s), you will be responsible for payment in full at the time of your visit because we will be unable to verify your insurance coverage and benefits.

### Workers Compensation

If your injury is due to an accident in your work place, please be sure to contact your employer and inform them of your injury. We will need to receive authorization from your employer before we can process any of your medical claims. Please have your employer contact our Workers Compensation department at 469.998.2273. Failure to properly report this injury to your employer may result in your claims being denied. Denied claims will be your responsibility.

### Private Pay

Payment in full is expected at the time of your visit for un-insured and private pay patients.

To serve patients who may not have health insurance benefits available to them, we offer a cash payment policy. This policy offers 50% discount from our physician fee charges for all evaluation, management, and radiology professional fees provided in the office setting. The policy also offers 65% discount from our physician fee charges for surgery and durable medical equipment professional fees only (not the facility, etc. fees). All fees for evaluation are payable in full at time of service. The payments are non-refundable. Insurance claim forms will NOT be generated, submitted, or provided, as insurance is not the payer for services provided under this agreement.

### Out-of-Network Referral Notification

You are free to choose a participating/preferred provider or an out of network provider if we refer you to another provider for additional services. However, choosing an out-of-network provider may result in higher out-of-pocket expenses for you. We encourage you to call your insurance provider to discuss options.

### Estimates

An estimate of cost will be provided if requested by a private pay patient, a patient not covered by a government program or an insured patient seeking out-of-network services.

**Returned checks/Rejected CC charges**

A \$50.00 fee will be added to your account for any returned checks, credit card rejections/disputes, or ACH withdrawals rejected by your bank for any reason in addition to any fees that your financial institution may charge you. These balances must be paid in full prior to your next appointment.

**Disability or Insurance Forms (including FMLA)**

There will be a charge for each set of medical forms. Payment is due prior to receiving your completed forms. Please allow up to 7 business days for the completion of these forms.

**Medical Records Request**

We use an outsourced ROI company, Healthmark Group. It may take up to 30 business days to send larger medical records request. Healthmark Group charges their own rates, separate of Spine Care of North Texas. If Spine Care of North Texas provides records greater than 25 pages, there will be a \$25.00 charge. If requesting 50+ pages of medical records, there will be a \$0.50 per page charge.

**Prompt Payment**

Just as we make every effort to accommodate you when you need medical care, we expect that you will make every effort to pay your bill promptly. If your account becomes delinquent and you have not established or met payment options with our billing office, you may be discharged as a patient. Spine Care of North Texas does not charge interest for amounts past due. Please contact the billing department at 469.998.2273 to discuss payment and or payment arrangements.

Any questions or concerns related to billed charges shall be direct to the Billing Department at 469.998.2273.

**No Show Policy**

If you will not be able to make your scheduled appointment, please contact the office as soon as possible to cancel or re-schedule your appointment. Missed appointments reduce access and increase costs for all our patients by forcing other patients to seek costlier care options at urgent care centers and emergency departments. Spine Care of North Texas reserves the right to charge a \$25.00 no show fee to any patient who fails to keep their regularly scheduled appointment based on circumstances. This fee will be assessed to the patient, is not reimbursable by your insurance carrier, and will be due upon receipt. Patients with multiple no shows for appointments may be dismissed from the practice

**Late Arrival Policy**

Our providers do their best to keep appointments on schedule. Out of respect for patients who have arrived on time for their appointment, you may be asked to reschedule your appointment if you arrive later than your scheduled appointment time. We will make every effort to honor your appointment as a "work in" as the schedule allows upon arrival, but there may be times when this will not be possible, and you will have to reschedule. If you are running late, please contact the office as soon as become aware that you will not be on time. All patients are instructed to arrive 15 minutes prior to their scheduled appointment time to allow our staff the time to update your information. New patients are instructed to arrive 30 minutes prior to their scheduled appointment if they need to complete any portion of the new patient paperwork in the office.

Thank you for allowing us to service you.

I have read and agree to the financial and office policies and its terms.

Patient Signature: \_\_\_\_\_

Date:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_