

Riverside Spine and Pain FINANCIAL POLICY

Thank you for choosing our practice. We are committed to the success of your medical treatment and care, and to working with you to utilize health care dollars wisely. As part of this commitment, we provide several services as a courtesy to you, as outlined below:

If you have:	You are responsible for:	As a courtesy to you, our staff will:
An HMO (including Medicare HMOs) with whom we are contracted	1) Obtaining a referral from your primary care physician 2) Payment of Co-pays and Deductibles at the time of service	File an insurance claim on your behalf
An HMO with whom we are not contracted	Understanding your co-pay responsibility	File an insurance claim on your behalf
Point of Service (POS), Preferred Provider Organization (PPO) Plan, or Indemnity Plan with whom we are contracted	1) Obtaining a referral from your primary care physician (if applicable) 2) Payment of the patient responsibility at the time of service	File an insurance claim on your behalf
Commercial, PPO, or any Plans with whom we are not contracted	Payment of the patient responsibility at the time of service based on out of network benefits. Many insurance companies base their payment on "usual and customary charges." The patient may be responsible for any amount above "usual and customary."	File an insurance claim on your behalf
Medicare without secondary "Medigap" policy	Payment in full of deductible and 20% coinsurance at time of service	File a Medicare claim on your behalf
Medicare with secondary policy	Payment of remaining deductible and coinsurance	File a Medicare claim on your behalf; file a secondary insurance claim
Secondary Insurance	Supply policy information, and pay coinsurance and deductible amounts	File secondary insurance claims on your behalf.
No Insurance	Payment in full prior to service	We offer a discount from standard fees
Workers Compensation	Provide us with the accident date, claim number, attending physician, employer, employer address and adjuster information.	File an insurance claim on your behalf
Accident Related (non Workers' Compensation), PIP, or LOP	Providing correct information regarding accident, attorney and legal case.	File claims to attorney or other responsible party.

As a courtesy, we will also call your insurance company ahead of time to determine eligibility, deductibles, coinsurance, and obtain approval. This does not guarantee reimbursement. The patient or "responsible party" remains fully responsible for eligibility, and for the entire amount of the bill.

Billing

The bill from the physician(s) includes professional fees for services provided. It does not include hospital or surgery center charges, if applicable. You will continue to receive statements as long as there is a balance on your account. You remain fully responsible for the entire amount of the bill. We file insurance as a courtesy; this does not release the patient from ultimate financial obligation. Your account may be sent to a collection agency if not paid in full within 180 days (6 months). If sent to collections, a collection fee of an additional 30% will be added to your bill. To avoid this, please call the billing company and make prior arrangements for payment.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, applicable co-payments, and deductibles are my responsibility. I understand that failure to pay my account may result in my account being forwarded to a collection agency and restrictions on scheduling appointments.

I authorize my insurance benefits be paid directly to the provider.

I authorize the provider to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim.

Patient Signature

Printed Name

Date