



FINANCIAL POLICY

Professional fees: Our fees for medical services are comparable to other similarly trained Physicians in the community and reflect the complexity of your specific needs. The Physician's time is dedicated to your care, the specialized nature of the Doctor's training, education and supplies determines the cost associated with providing and coordinating your care. Patient understands that it is his/her obligation to know his/her Payer's requirements and ensure that they have been fulfilled, including having a valid authorization for service in place prior to his/her Medical, Psychiatric/Behavior Health Services. Comprehensive Pain Specialist's will check for prior authorization as a courtesy, but this is not a guarantee of payment by the insurance company. Insurances that fail to pay for claims filed will lead to the Patient and/or Guarantor being responsible for payment of the remaining uncovered charges. Insurance companies will often deny claims when the insurance is not presented at the time of service. Most insurance companies have requirements for authorization prior to or within 24 hours of service. If insurance information is presented after treatment, we will file a claim to your insurance company on your behalf. However, you will be held liable for the charges if the insurance denies the claim as untimely because of late presentation of coverage or for lack of timely authorization due to late presentation of coverage.

Insurance Payments: We participate with most of the insurance plans in the area. Some services such as Psychiatric/Behavioral Health may not be covered by your insurance policy. Your insurance coverage is a contract between you and your insurance plan. Co-payment, deductibles, co-insurances and services not covered by your insurance plan or outstanding balances are all patient's responsibility to pay in full. Co-payments are due at time of service. **Patient specifically agrees to pay for any services including psychiatric services, which are determined not to be covered by any health benefit plan or insurance company.**

Missed Appointments: We will charge a fee of **\$100.00** for any office appointment missed or cancelled under 48 hours' notice and a fee of **\$500.00** for any procedure/injection appointment missed or cancelled under 48 hours' notice. Your account will be charged **if NOT cancelled 48 hours in advance.** These fees are patient responsibility and will not be submitted through insurance or liens.

Medical Records: We offer patients free electronic records through our patient portal. You will be subjected to a fee for any printed records. We will **fax** all records for free to any Physician's Office or Other Medical Facility as courtesy to our patients. A signed HIPAA authorization may be required to send your medical record.

Collection Agencies: After 90 days your account will be considered past due and can be turned over to a third-party collection agency. If it becomes necessary to turn your account over to a third-party collection agency due to your non-payment you will be dismissed from our practice.

Self-Pay: Patients who are not billing a third party or health insurance must pay in full at the time of service.

Your signature on this page constitutes an acknowledgement and understanding of this policy. I have read and agree to the above policies and authorize payment directly to Comprehensive Pain Specialists.

Signature of Patient or Personal Representative

Relationship to Patient

Printed Name of Patient or Personal Representative

Date