

FINANCIAL POLICY

ALL PATIENTS MUST READ AND SIGN THIS FORM PRIOR TO RECEIVING SERVICES.

CAPSTONE PAIN & SPINE CENTER, recognizes the need for a clear understanding between patient and medical provider regarding protected health information and financial arrangements for healthcare. The following information is provided to **avoid** any misunderstanding concerning protected health information and payment for professional services.

- **PAYMENT: Payment is expected at the time of service.** If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. **Even though insurance will be filed, you are responsible for any balance after insurance processes your claim.** All charges for treatment become due and payable sixty (60) days after the date of service. These periods allow sufficient time to process insurance and make payment in full of any remaining balance. If not paid within 60 days, CAPSTONE PAIN & SPINE CENTER will begin various collection activities including, but not limited by submitting the past due account to a collection agency. If payment is not made at the time of your appointment, you may be asked to reschedule your appointment. Also, if payment is not made at time of service, you may be given only one month of your medication and asked to return in 30 days for a follow up appointment. If balance and copayment are not paid at next appointment, you may be subject to dismissal from the practice.
- **SELF PAYMENT (PRIVATE, CASH PAYMENT):** If you have no insurance coverage we ask that you coordinate your care with our practice manager prior to your surgery. We require an advance payment for professional services.
- **MANAGED CARE: All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service.** If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit or surgery without a referral authorization your insurance plan may deem this as **“out of network” or “non covered” treatment**, and you will be responsible for a larger amount or all of the charges. By signing below, patient acknowledges that it is the patient responsibility to be aware of what services are covered and agrees to pay for any service deemed to be non covered or not authorized by the plan.
- **MEDICARE:** CAPSTONE PAIN & SPINE CENTER, are participating providers with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/ or 20% co-insurance. If you have supplemental insurance (Medigap) to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare or secondary carriers do not cover some procedures and supplies. Please make certain you understand which aspects of your treatment are covered before proceeding. In this rare case you may be asked to sign a waiver form, which states that you understand that you will be responsible for these charges.
- **AUTOMOBILE ACCIDENT PATIENTS:** We do treat automobile accident patients. However, we are unable to monitor long-term accounts and require payment as a self-paying patient. We will not accept a letter of protection from an attorney as a guarantee of payment or third party insurance payments.

SECONDARY INSURANCE: The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information as outlined below. Patient agrees to notify provider in the future immediately of any additions, changes or deletions in primary or secondary insurance coverage. Initial/complete as applicable.

- If you have **Medicaid** coverage of any kind, you must notify us prior to your visit. This is part of your agreement with Medicaid, and **failure to notify us** of Medicaid coverage will result in full financial responsibility for services rendered and or dismissal from the practice.
- Before receiving services, **you** must verify that we are participating providers for your insurance company. If your insurance requires a referral from you primary care provider, it is the responsibility of the patient to make sure that there is a referral on file. **Failure to do so, may result in full financial responsibility for services rendered. Payment, however, is due in full at the time of service.**
- We will send a statement (to the billing address you provide) notifying you of any balances you may owe. If you have any questions or dispute the validity of this balance, it is your responsibility to contact our business office within 30-days after receipt of the initial statement. You can call **214-941-3192**
- We do NOT accept checks
- A fee of \$100 is assessed if a procedural appointment is missed or \$25 fee for a Medication follow up is missed or cancelled with less than a 24 hours' notice. Insurance will not cover this fee and you will be responsible for payment at your next scheduled appointment.
- **Failure to keep your account balance current may require us to cancel/reschedule your appointment and or you may be subject to dismissal from the practice.**

CAPSTONE PAIN & SPINE CENTER, firmly believes that a good patient/physician relationship is based upon understanding and open communications. It is our hope that the above policies will allow us to provide the highest quality care to our patients. If you have any questions or need clarification regarding these policies please discuss with the Practice Manager