



Thank you for choosing Integrated Spine Care to assist you with your health care needs. We strive to provide you with the best care possible, and, in return, we ask that you assist us not only in monitoring your health care, but also by paying for our services in a responsible and timely manner.

The following is a statement of our financial policy. Our office requires that each patient read and sign a copy of this policy before we provide any treatment. Therefore, please read through this statement and feel free to ask us any questions you may have relating to our policy.

Acceptable Payment Methods:

We accept cash, checks, Visa, Mastercard and Discover. Most insurance programs are accepted. Please see details below.

Insurance: We will bill most (but not all) insurances as a courtesy to you. Our office accepts assignment of benefits from many insurance companies. However, we **do not** accept all benefit programs. Therefore, please inquire as to whether or not your insurance company is accepted by this office when taking into account what method of payment you will want to use.

We do require that your co-payment, co-insurance and/or deductible be paid at the time of service. In the event that we do not accept assignment of benefits from a particular insurance company, we require that you pay your bill in full at the time of each visit.

You will be charged an additional \$10 fee if you do not pay your co-pay at the time of your visit.

You will be charged an additional \$30 fee if your check payment is returned for Non-sufficient funds, or any other reason.

Your bill is your responsibility. If your insurance company or other benefit program doesn't cover the entire bill, it's your responsibility to pay the balance. We expect payment in full within 30 days of being notified of any balance due. Please note that in the event that you fail to make payment when due, this account will be referred to a collection agency for collection. In that event, the contingency fee assessed by the collection agency will be added to the principal and interest due. You will be additionally liable for attorney fees. Both collection agency fees and attorney fees will increase the balance you owe.

Usual and Customary Rates: We are dedicated to providing the best treatment for our patients and we charge what is usual and customary for our area of the country. You are responsible for payment regardless of any insurance company's (or any other benefit program's) arbitrary determination of what are usual and customary rates.

Missed Appointments: Our policy is to charge for missed appointments; those appointments that are not canceled at least 24-hours in advance. **The charge is \$25.00.** Please help us serve you better by keeping all scheduled appointments.

I certify that I have read and understand the "Financial Policy" and agree to all terms and conditions as stated above. I understand it is my sole responsibility to verify my medical coverage with the insurance company, MHO or PPO, Medicare/Medicaid or other benefits programs and that I am ultimately responsible for payment in full for any outstanding balances incurred.

Patient Signature

Date