

PREMIER SPINE CARE, PA
FINANCIAL POLICY

The surgeons at our office are contracted with a variety of insurance plans. We also provide services for self pay patients. We will submit claims, on your behalf, to your primary insurance carrier and one secondary insurance carrier (if applicable). Our office does not contract or file claims with auto or liability insurances and payment is required at time of service. Submitting those claims will be the responsibility of the patient.

When you seek medical care there are two relevant contracts with your insurance company, YOUR contract, and OUR (the provider's) contract. Please remember your health insurance is an agreement between yourself and your insurer. It is your responsibility to know and understand the coverage, benefits and requirements of your health insurance plan. If you would like us to submit a claim for your services you must present a current insurance card at the time of service. If you do not have your card with you, payment in full at the time of service is required. You may provide the insurance information to our office within 7 days, and we will submit a claim for you. Upon receipt of payment from your insurance we will process a refund to you for any over-payment.

If your health plan requires a co-pay please be prepared to pay the co-pay at the time of service. A co-pay is part of the structure of YOUR contract with the insurance company and is designed to share some responsibility in your healthcare. The co-pay is not part of OUR contract with your insurer and it is not at our discretion whether or not your plan has a co-pay or what the amount may be. We are required to collect this at the time of service or face financial penalties. We accept cash, check, Visa, Mastercard, Discover or American Express. If you are not prepared to pay your co-pay or co-insurance balance at the time of service, it may be necessary to reschedule your appointment.

If you have a surgical procedure you will receive charges from the surgeon, facility, and anesthesiologist separately. Our office only has information related to the surgeon's charges.

Our office does not offer financing options for the healthcare services we provide. However, there are several companies in the marketplace that provide healthcare financing as a service. In the event your balance is not paid in a timely fashion and we must employ a collection agency or attorney, all interest and/or fees for collection will be your responsibility in addition to the original balance on the account being collected.

Credit Card/Debit Card Authorization Policy

Most insurance plans have a deductible and/or co-insurance requirement as part of YOUR contract with the insurance company. We are required to collect that directly. Our policy requires that a credit or debit card be placed on file prior to being seen by our providers. This card will only be charged if your account has a balance more than 30 days past due. We will verify that the card is valid and active at the time it is received. If you do not provide a credit or debit card prior to being seen by our providers, it may be necessary to reschedule your appointment.

Prior to surgical procedures, our office will verify insurance benefits. As bizarre as this may seem, you will see in YOUR contract with the insurance company, authorization for a procedure is still not a guarantee of payment. If you need more detailed policy information, you will need to contact your insurance company. We will not process payment on the credit/debit card until after we have filed a claim and received a negative response from your health insurance company. Ultimately, financial responsibility for medical care remains with the patient and we cannot police an insurance company on your behalf. As the policyholder paying premiums to the insurance company, you are the only one that has any true leverage to get the benefits you are due.

After each visit with us we will file a claim, on your behalf, with your health insurance company. After your insurance company processes your claim, Premier Spine Care will mail a statement to the address on file providing you with any balance due that is your responsibility. If we do not receive payment within 30 days of the statement date, we will process the balance due to the card on file. If you have questions about your bill, you must contact our office at 913-322-2700 prior to that time.

The security of your information is of the utmost importance. Your card information is stored by a credit card merchant vendor, that specializes in credit card storage/processing and maintains the highest level of security for that type of information. Our staff does not have access to your card information after it is entered into the merchant vendor's database. No personal medical information is stored with the credit card merchant company.

If you have any questions about the financial policy please contact our office at 913-322-2700.

I have read and understand the policies stated above and agree to them, as described. I understand that this agreement is final and irrevocable.

Patient Name (Printed)

Patient Date of Birth

Patient Signature

Date