
Financial Policy

You are financially responsible for the medical services you receive. Please review our policies below and sign at the end to indicate your agreement to these terms.

INFORMATION: Interventional Spine and Pain Physicians (referred to herein as iSpine) performs a basic benefit check as a courtesy to confirm patient's insurance coverage; however, iSpine does not guarantee coverage, nor are we responsible for incorrect benefits by the patients' insurance company. Your insurance policy is a contract between you and your insurance company. Patients are responsible for confirming benefits with their insurance company, including copays, coinsurance, deductibles, insurance referrals (if required), and/or visit limitations. If charges are denied by the patient's insurance due to a missing referral/authorization, maxed benefits, and/or services not covered, the patient is responsible for the balance due. iSpine encourages all patients to check their benefits prior to their appointment.

Appointments

- 1. Copayments.** Copayments for visits are due at the time of service. Payment for any outstanding balance is due at your appointment. If you are unable to make your copayment or pay off your outstanding balance at the time of service, iSpine reserves the right to reschedule your appointment until a time that you are able to make your payments.
- 2. Procedure Prepayment.** We reserve the right to require a pre-payment for procedures at the time when the procedure is scheduled and/or when you present to our office for your procedure. Your prepayment is based on an estimate of your expected financial responsibility. This is an estimate only. You are responsible for any unpaid balance after your insurance (if applicable) has been billed. In the event an overpayment occurs, you may request a refund according to our refund policy (below). We reserve the right to reschedule your procedure until prepayment has been made.
- 3. Missed Appointments and Late Arrivals.** We request >24 hours' notice of cancellation whenever possible. If you are more than 15 minutes late, we may reschedule your appointment. If you are more than 30 minutes late, or if you do not show up to your appointment, you will be responsible for a missed appointment fee. Missed appointments are subject to a \$65 charge. These charges are your responsibility and will not be billed to any insurance carrier. Routine missed or late cancel appointment behavior may result in a modified care plan or same day scheduling.

Insurance Payments

- 4. Financial Responsibility.** Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment-in-full for all medical services iSpine provided to you. Any charges not paid by your insurer will be your responsibility, except as limited by our contract (if any) with your insurance carrier. If you dispute with the adjudication of your claim, it is your responsibility to resolve the dispute directly with your insurance carrier and pay iSpine the amount owed.
- 5. Coverage Changes and Timely Submission.** It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit within which iSpine must submit a claim on your behalf to your insurer. If iSpine is unable to submit your claim within this period because we have not been supplied with your correct insurance information, you will be responsible for all charges in full.

6. Worker's Compensation, Motor Vehicle Accident or Third-Party Liability. It is your responsibility to inform us in a timely manner if the care you are being seen for is the result of a work comp injury, motor vehicle accident or accident that would not be covered by any other insurance carrier. Failure to do so will result in your full financial responsibility for the services provided.

7. Self-Pay. If you do not have health insurance, or if your health insurance will not pay for services rendered by iSpine you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule. Self-pay guidelines and fee schedules are available from our front desk. Self-pay patients are expected to make payment in full at the time of service. If you need further assistance, please contact our business office.

Benefits & Authorization

8. Insurance Plan Participation. We participate in many but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned physician and practice location participates in your plan. Out of network charges may have higher deductibles and copayments. If you need guidance with this, please contact our business office.

9. Referrals. Referral and prior authorization requirements vary widely among insurance carriers and plans. If your insurance carrier requires a referral for you to be seen by iSpine it is your responsibility to be aware of this fact, and to obtain this referral. If you need guidance with this, please contact our business office.

10. Prior Authorization and Non-Covered Services. iSpine may provide services that insurance plans exclude or require prior authorization. If insured, it is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. As a courtesy to our patients, iSpine makes a good faith effort to determine if services we order are covered by your insurance plan, and, if so, whether prior authorization for treatment is required. If determined that a prior authorization is required, we will attempt to obtain such authorization on your behalf. It is your responsibility to promptly assist our business office in any way needed, in obtaining such authorizations.

11. Out of Network Payments. If we are not part of your insurance carrier's network (out-of-network) and your insurance carrier pays you directly, you are solely responsible for payment and agree to forward the payment to iSpine immediately.

Account Balances & Payments

12. Financial Balances. If your insurance company does not pay within a reasonable time, we may transfer the balance to your sole responsibility. Please follow up with your insurance carrier to resolve non-payment issues. Balances are due immediately within 30 days of receiving a statement. If you need assistance, please contact our business office.

13. Statements. Charges shown by statement are agreed to be correct and reasonable unless protested, by contact with our business office, within fifteen (15) days of the billing date. If you have not paid your balance in full after receiving three (3) statements, we will place your account into our collections processes (see #14 below).

14. Collection of Unpaid Accounts. If you have an outstanding balance over 90 days old and have failed to make payment arrangements (or become delinquent on an existing payment plan), we may turn your balance over to a collection agency and/or an attorney. You agree to pay iSpine for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs.

15. Motor Vehicle Accidents/Liens. Motor Vehicle Accidents (MVA) and liens are only acceptable when approved by the COO of Algos Health and a Letter of Protection from the attorney is provided.

16. Returned Checks. Returned checks will be subject to a \$25.00 returned check fee.

17. Refunds. Refunds for overpayment or prepayment on cancelled procedures are made only after there has been full insurance reimbursement for all medical services on your account. Please contact our business office if you believe you are due a refund. Refunds may take up to six (6) weeks to process. iSpine reserves the right to apply any overpayment to an unrelated open charge.

18. Financial Hardship. If you are having financial difficulties, please contact your business office so that they can work out arrangements with you. A financial hardship application will be required, which includes proof of income in the form of 3 months of pay stubs and most recent year's tax return. Current MA paperwork determinations may be accepted in lieu of the paystubs or tax returns.

Payment Methods

We accept a variety of payment methods, including cash, check, money order, or credit/debit cards. We may require a credit card on file. All checks and credit/debit cards will be processed at time of receipt through our online vendor. We are able to accept electronic checks, credit, and debit card payments by phone. You can also make electronic payments online by visiting our website.

Contact Information

You may reach our business office by calling 763-201-8191 or emailing billing@ispineclinics.com.

Disclaimer

iSpine's financial policy is subject to change at any time without notice.

Patient Acknowledgement

I have received and understand the Financial Policy of Interventional Spine and Pain Physicians, PA.

Patient Name (Printed)

DOB

Patient Signature

Date

Relationship to Patient (if patient is a minor or otherwise unable to sign)