

Patient Financial Policy Agreement

Thank you for choosing the Spine Institute of Central Florida as your health care provider. We are committed to providing you with the best possible care. Payment of your bill is considered a part of our professional relationship and a clear understanding of our financial policy is important.

Insurance is a means of payment but does not relieve you from financial responsibility. Typically, insurance carriers have designed patient contributions in the form of co-pays, deductibles, and co-insurance amounts. These amounts vary widely between insurance providers and amongst the large variety of contracts within an insurance company. Because your insurance contract is between you, your employer, and the insurance company, we encourage you to take an active role in understanding your benefits and out of pocket expense. We cannot guarantee that insurance will pay your claim. It is important that you understand completely the provisions, requirements, exceptions and restrictions of your individual policy. Ultimately, payment of our bill for service is your responsibility.

If you have a remaining co-insurance or deductible applicable to a service to be provided to you, we may estimate what your insurance company will expect you to pay prior to receiving the service to satisfy your responsibility for the co-insurance or deductible, or co-payment, but your insurance company decides your eligibility and benefits. It is your responsibility to understand what services are covered by your insurance company. You will be fully responsible for paying for services or amounts that are not covered. Contact your insurance company before a service is provided if you have questions about coverage.

You are responsible for payment until the account is paid in full. It may take time for Spine Institute of Central Florida to resolve payment with your insurance company (i.e. processing delays, misplaced claims, requests for additional information, appeals, etc.). You are responsible for cooperating with requests for additional information and assistance with appeals. At times we may wait until your insurance company officially notifies us of the amount that you owe or until disputes about how much your insurance company owes are resolved, before sending a statement to you. Payment is expected by the due date contained on our statements.

If there is a remaining balance after we receive payment from your insurance, you will be billed for that amount. Additionally, if payment from your insurance is delayed beyond a reasonable amount of time, then you will be expected to immediately make payment, after which you can then contact your insurance for possible reimbursement.

If your insurance company fails to pay your claim, they should explain to you why it was rejected. If you are dissatisfied with their rejection, or the amount they pay, it is your responsibility to take the matter up directly with your insurance company. We will be happy to file an appeal on your behalf, but please do not blame the Clinic, and do not seriously jeopardize your credit rating by not paying your bill promptly.

We participate with most major payers; meaning covered charges will be paid directly to us based upon your benefit plan. If we do not participate in your insurance plan, you may still choose to be seen by the practice and your claim may be eligible for "out of network" benefits, which typically result in additional out of pocket, expense. As a courtesy to you, we will file a claim with your insurance carrier on your behalf. Any remaining balance will be billed to you.

If Spine Institute of Central Florida does not have a contract with your insurance company, and payment was to be sent directly to you, You fully authorize your insurance company to send payment instead directly to Spine Institute of Central Florida. Otherwise, if you do not agree with this paragraph, then you will be required to follow provisions for individuals without insurance, and must pay all deductibles and co-pays prior to each visit, as well as pay for the Spine Institute of Central Florida usual and customary charges prior to each visit. We will file your insurance as a courtesy, however you are still responsible for the bill. By not paying for the total usual and customary charges for the service(s) received prior to the service(s), you are directing your insurance company to immediately send payments directly to the Spine Institute of Central Florida.

Your insurance company may require prior authorization or referral for office visits, procedures, imaging studies. Spine Institute of Central Florida may request for the prior authorization on your behalf. Obtaining authorization or referral does not guarantee that your insurance company will pay. You are responsible for ensuring that authorizations and referrals are obtained prior to obtaining services. Please call our Office if you have difficulty with your insurance company, and we will try to assist.

Again, to emphasize again, you are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a primary care physician (PCP) before receiving services at Spine Institute of Central Florida, and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your insurance company provides incorrect or misleading information to Spine Institute of Central Florida during prior authorization, when such information is relied upon, but actually different from your plan benefits; (iv) your health plan determines that the services you received at Spine Institute of Central Florida are not medically necessary and/or not covered by your insurance plan; (v) your health plan coverage has lapsed or expired at the time you receive services at Spine Institute of Central Florida; or (vi) you have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your insurance company directly.

We require you to present proof of insurance at each medical visit. If we are unable to verify your insurance or you do not have your insurance card, you will be considered a self-pay patient and payment will be due at time of service. You are responsible for notifying the Clinic Immediately with any changes in your insurance. Insurance status presented at time of service will be considered the final status for that visit and retroactive changes are not processed.

Consistent with insurance regulations, co-pays, deductibles, and co-insurance amounts are due at time of service. We accept cash, Visa, MasterCard, and Discover for your convenience. Additional fees, which are typically not covered by your insurance plan, will be charged for services such as copying medical records, completion of disability forms, telephone evaluations and advice not occurring within 7 days of a prior appointment and not occurring within 24 hours from an upcoming office visit which was done by your request or due to a phone call requested by you, and other such services.

Interest and Attorney's Fees: On all accounts with balances greater than 30 days past due an 18% per annum interest rate will be charged. As much as we hope to avoid collection activity, we must inform you that delinquent accounts (those over 30 days past due) may be assigned to collections agency and all collection costs will be added to your outstanding balances. You shall be responsible for all costs & expenses incurred in efforts to collect past due amounts from you, including interest charges, court costs, & reasonable attorney's fees. With a minimum of \$200 added to your bill upon sending your account to collection. Additionally, patients with delinquent accounts may be dismissed from our practice.

No Show Fees: There will be a \$50.00 charge applied to your account for any no shows appointments, or any missed appointments without 24 hours advance notice, or any cancelled appointment done less than 24 hours prior to your appointment.

Overpayments: If you make a payment that results in a surplus on your account, you authorize Spine Institute of Central Florida to apply the overpayment to any other account for which you are financially responsible, including your account, a member of your family's or dependent's account, or on any account for which you are a financially responsible party, which has an outstanding balance. Any remaining balance will be promptly returned to you, but only if there is no further outstanding balances, or unresolved or pending insurance payments for services provided.

Ancillary Services. You may receive ancillary medical services while a patient of Spine Institute of Central Florida such as: anesthesia, interpretation of tests, neuropsychological testing, imaging services (e.g., x-rays, MRIs) and pathology specimen examination. By signing below, you understand that some physicians may not provide services in your presence, but are actively involved in the course of diagnosis and treatment. You authorize payment directly for these services under the policy(s) or plan(s) issued to you by your insurance carrier. You may incur additional charges as a result of these ancillary services. You agree to pay all charges due with respect to such services after benefits paid on your behalf by any third-party are credited to your account.

If your insurance company sends you a questionnaire, please complete and return it promptly or you will be asked to pay the bill directly.

All care and services provided by Spine Institute of Central Florida is being performed in good faith that you and/or your insurance will fully pay for services rendered, and in reliance to the financial policy agreement. For all services rendered by Spine Institute of Central Florida, you guarantee payment of your account at the time services are provided for any and all balance that are not paid by an insurance carrier, government payer, and other third party payer (together, referred to as "PAYER"), including if your PAYER denies a claim after first approving it. You understand that any out-of-network charges may be your responsibility as determined by your PAYER. You acknowledge that you will be responsible for paying Spine Institute of Central Florida for items and services provided to your dependents under these same policies, terms, & conditions whether or not you are listed as the "Responsible Party" on the Patient Account. The person listed as the "Responsible Party" on the Patient Account will also be responsible to Spine Institute of Central Florida for payment. All charges incurred are your responsibility.

Patient Financial Agreement

I certify that the information that I have reported with regard to my insurance coverage is correct. I further authorize the release of any information necessary to my insurance company to determine benefits for services rendered. I request that payment of authorized benefits be made payable directly to the Spine Institute of Central Florida on my behalf.

I understand and agree that, regardless of my insurance status, I am responsible for the balance on my account for any professional service rendered. I have read the above Patient Financial Policy carefully and have provided the Practice with true and correct insurance information. Finally, I will notify the Practice promptly of any changes in my health care insurance coverage. I enter into this agreement willingly.

Continuing Agreement: I agree that everything in this Agreement applies to current and future health care services provided by Spine Institute of Central Florida. I acknowledge that Spine Institute of Central Florida may change these terms without notice to me.

Patient Name

Patient Date of Birth

Signature of Patient, Parent, or Legal Guardian

Date