PACIFIC BRAIN & SPINE
MEDICAL GROUP

Financial Policy

❒ We verify insurance and benefits prior to your visit. If the insurance company cannot verify coverage, you will be expected to pay for the visit that day.

❒ We make every effort to assure that all referrals and authorizations are in order prior to your visit. We cannot be held responsible if you are in the process of changing insurances, changing primary care physician or if your current primary care physician has dropped the plan. As such, you will be responsible for getting the appropriate authorizations and referrals for your patient visit. You will be billed for visits denied by your medical group or health plan for lack of appropriate authorizations.

❒ We are not allowed to waive copayments and co-insurance amounts. Please be prepared to pay these at the time of your visit or you will be charged an additional fee of $25.00.

❒ We participate in Medicare. We bill Medicare and accept the Medicare fee schedule as payment in full for services rendered to Medicare eligible recipients.

❒ We will bill a maximum of 2 separate insurances. We will bill the secondary carrier ONE TIME ONLY and if we do not receive a payment, we will send you a bill. We will provide you with all of the information you need to collect a reimbursement from your insurance carrier. We understand that you pay large premiums for this coverage and deserve to be compensated.

❒ If your insurance carrier has not paid 4 months after the service date, we will hold you responsible for the balance and send you a bill. We will assist you in any way we can to resolve the matter.

❒ We ask all elective surgical patients with private insurance to provide us with a nominal deposit when a surgery date is scheduled. This allows us to reserve operating time and coordinate schedules.

❒ If you elect to have surgery you may receive a separate bill from the anesthesiologist and assistant surgeon. You may also receive a separate bill from neuro monitoring if needed during surgery. Lab tests are extra and are billed by the physician providing the services.

❒ If billing you, the patient, becomes necessary, you have 45 days to respond either a) with payment in full or b) by contacting our billing office to arrange payment. If no response is received by 45 days, you will be referred to our collections service.

❒ There will be a $25.00 charge assessed on all returned checks.

❒ There is a $25.00 charge for each disability form completed for patients/caretakers.

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Signature of Patient or Authorized Representative Date