



PACIFIC BRAIN & SPINE MEDICAL GROUP

Financial Policy

- We verify insurance eligibility and benefits prior to your visit. If the insurance company cannot verify coverage, you will be expected to pay for the visit at the time of service.
- 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 or primary care physician, or if your current primary care physician has dropped the choice of insurance plan. As such, you will be responsible for obtaining the appropriate authorizations and referrals for your patient visit. You will be responsible for payment for visits denied by your medical group or health plan for lack of appropriate authorizations.
- We are contracted with many insurance providers; however, we are not contracted with all insurances. In the event you are out of network, there will be a deposit of \$150.00 due at the time of scheduling an appointment. We will bill your insurance provider however; you will be responsible for the balance.
- 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 a statement fee of \$25.00.
- All motor vehicle accident (MVA) related appointments are considered self-pay. We do not bill auto insurances or any third-party payers. A non-refundable deposit of \$150.00 will be collected at the time of scheduling the appointment and the balance will be due and payable in full at the time of service.
- 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, depending on your specific needs, please note you may receive separate bills from your anesthesiologist, assistant surgeon, neuro monitoring or the laboratory. The bill you receive from our office is only for our physician's 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.
- For failure to appear on your scheduled surgery date you will be charged a \$750.00 fee
- You may be subject to a "no show" fee of \$150.00 for failure to attend your scheduled appointment.
- You may be subject to a "cancellation" fee of \$75.00 without 24-hour advanced notice of your scheduled appointment.
- 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.

Signature of Patient or Authorized Representative

Date