

FINANCIAL POLICY - Effective 01/01/2014

(This copy is for your records.)

Our goal is to provide and maintain a good physician-patient relationship, as well as provide the highest level of service possible. As you are aware, the health insurance industry has undergone many changes. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

PRIVATE PAY - If you have no health insurance or your insurance policy does not cover our services, payment is expected at the time of service, unless payment arrangements have been made with our office. You may be considered for a reduced fee if payment is made at the time of service. If you are unable to pay in full at the time of service, we will be happy to work out an affordable payment plan. To qualify for payment arrangements, an agreed amount will be automatically charged to your charge or debit card.

HEALTH INSURANCE - Our office participates with many insurance plans. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. **We DO NOT bill secondary insurance**, but will provide you with information to collect from your secondary insurance. Co-payment is required at the time of service. The amount of co-payment varies with different plans. **For patients with an HMO plan, we will do our best to obtain authorization for treatment; however, all charges not covered by your insurance company are your responsibility.** HMO plans have limited coverage, including number of visits, and many of the services we provide are not covered by HMO plans. For patients with a PPO plan, we will do our best to determine your co-insurance; however, keep in mind that the amount of reimbursement varies with different plans. While the filing of insurance claims is a courtesy that we extend to our patients, **all charges not covered by your insurance company are your responsibility.**

PERSONAL INJURY (AUTO ACCIDENTS, SLIP AND FALL, ETC.) - **We DO NOT bill third party liability insurance companies, or excess med-pay.** If you have had an accident, we will as a courtesy, bill your auto, home, etc. insurance on your behalf. However, you will be responsible for all charges incurred, if you do not have medical payments coverage ("med pay"). We will gladly work on a lien-basis if you are represented by an attorney and defer payment up to six months after your care is complete. At that time, if your case still has not settled, we request that partial payment arrangements are made.

WORKERS' COMPENSATION - If you have been injured on the job, you must report the incident to your employer who will complete a DW1 form. **It is your responsibility to provide our office with a copy of the signed DW1 form, or claim information including work comp insurance company, claim number, adjuster, etc.** We will then verify that treatment is authorized. If your claim is denied, you will be responsible for treatment rendered.

CANCELLED APPOINTMENTS - If you are unable to keep your scheduled appointment, please call our office a minimum of 24 hours before your appointment to reschedule. This will allow time to provide that time slot to another patient. We reserve the right to charge \$25 for appointments that are not cancelled at least 24 hours in advance.

PAST DUE ACCOUNTS - Accounts become past due 30 days after receipt of the latest statement, at which time a late charge of \$10.00 will be charged to your account. We will work with you to avoid sending your account to collections. However, if you fail to make arrangements for your outstanding balance and your account becomes 120 days past due, we will turn your account over to a collection agency, and you will be charged 18% interest on the outstanding balance from the date your bill was due, and you will be responsible for all costs and expenses of collection including, but not limited to our reasonable attorneys' fees.

HAND, FOOT AND SPINE CENTER
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