



PAYMENT POLICY

Dear Patient,

Denver Back Pain Specialists is committed to serving you. As part of our commitment, we want you to understand your payment obligations. Please read, agree to and sign this policy prior to receiving services at Denver Back Pain Specialists.

- All patients must complete our kiosk patient information field.
- We accept most insurance plans. At the time of treatment, you will need to co-pay, deductible, coinsurance or any non-covered services.
- Self-pay patients' payment is due in full at the time of service this includes non-covered benefits like Dry Needling, Stem cells and PRP injections.
- We accept Cash, Check, Visa, MasterCard, Discover, and AMEX.
- There will be a \$25 charge for returned checks.
- There will be a \$50 charge for no show clinic appointments and same day cancellations. There will be a \$100 charge for no show and same day cancellations for injections or EMGs.

HMO/PPO and other Managed Care Plans We will file your insurance claim on your behalf. Please be sure that your insurance company has your Primary Care Physician (PCP) on file. Please bring any referrals forms that are required to receive services. It is also your responsibility to present your insurance card and to inform us of any changes in your insurance coverage. We are not party to that contract; therefore, the balance is your responsibility whether your insurance company pays or not. Payment for any copay, unmet deductible and coinsurance is due at the time of service.

Other Insurance As a courtesy, we will file your insurance claims; however, you must provide all insurance information and a completed claim form (if required) at the time of service. Please understand that your insurance policy is a contract between you and your employer or carrier. We are not party to that contract; therefore, the balance is your responsibility whether your insurance company pays or not. Payment for any copay, unmet deductible and coinsurance is due at the time of service.

Auto Accidents/Liability Claims We will file these claims to your private health insurance providing your health insurance will subrogate. In this case, all you will need to pay is any copay and unmet deductible/coinsurance at the time of treatment. We do work with lien holder companies, in selected situations.

Workers' Compensation If your injury is work related, we will file your claims to your workers' compensation insurance provided we have the necessary documentation and authorization prior to treatment.

Changes in Insurance and/or Patient Information It is your responsibility to notify Denver Back Pain Specialists in the event of any change in your insurance, address, phone numbers, etc. If Denver Back Pain Specialists is not notified of these changes, your account will be changed to Self-Pay and you will be responsible for any outstanding balances.

Medicare/Medicare Replacement Plans As a participating Medicare Provider; we accept assignment of benefits and file all claims for you. You are responsible for any deductible and/or co-pay or co-insurance and non-covered services at the time of your visit. We may ask you to sign an Advance Beneficiary Notice (ABN) for services or charges that Medicare may or may not cover per Medicare regulations.

Payment Arrangement We will securely hold your credit card information until your health insurance processes your claim and mails you their Explanation of Benefits (EOB) which outlines the patient's financial obligation. Your credit card will only be charged when the exact patient responsibility charges are specified by your insurance company as well as any of the above fees. If your financial responsibility is higher than \$200 as a courtesy our billing specialists will call you 5 business days before your credit card is run. It is your responsibility to call if you would like to make other payment arrangements. I understand that my credit card information will be saved to file for future transactions on my account.

Minors The adult accompanying a minor is responsible for payment at the time of treatment. On the initial visit, a parent or legal guardian must accompany the minor.

I have read, understand, and agree to the Denver Back Pain Specialists Financial Policy. I understand that if my account is delinquent, Denver Back Pain Specialists may decide not to continue as my physician. I authorize the release of any information relating to my treatment to my insurance company, and I authorize the insurance benefits to be paid directly to Denver Back Pain Specialists.

Signature Patient/Responsible Party _____ Date _____