



## 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 "Patient Information Form".
- We accept most insurance plans. At the time of treatment all you will need to pay is your copay and any unmet deductible/coinsurance.
- Self pay patients' payment is due in full at the time of service
- We accept Cash, Check, Visa, MasterCard, and Discover
- There will be a \$25 charge for returned checks.
- There will be a \$50 charge for no show appointments and same day cancellations

**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.

**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.

**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 \_\_\_\_\_