ADVANCED RELIEF INSTITUTE

PATIENT FINANCIAL POLICY

As healthcare providers we are committed to providing our patients with the best medical care possible. As a business, we are committed to providing a streamlined fiscal process that allows our patients to clearly understand their financial responsibility. Our business office is committed to providing outstanding customer service for all financial questions, and our professional staff members are experts working with commercial insurance companies and Medicare.

Proper identification must be presented prior to service being rendered. Current insurance cards must be presented prior to service being rendered.

Payment Policy

Thank you for choosing us as your pain management provider. We are committed to providing you with quality and affordable healthcare. Because some of our patients have had a question regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. Insurance. We participate with Medicare. Advanced Relief Institute does not contract with every insurance company. Patients are responsible for asking if ARI is a participating provider with their insurance company. ARI will bill non-participating insurances. However, outstanding balances are the responsibility of the patient. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. As a courtesy ARI will file to your secondary insurance carrier.

a) Advanced Relief Institute will submit claims to Medicare, however you may need to sign an ABN for non-covered services.

b) Advanced Relief Institute will submit to Medicare and your secondary insurance carrier.

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Worker's Compensation- Patients are financially responsible for medical services related to Worker's Compensation. Patient will supply Worker's Compensation contact information prior to services being rendered.

Motor Vehicle/Third Party Liability- Patients are financially responsible for medical services related to motor vehicle accidents. Patients shall supply auto insurance, third-party, and/or attorney information as requested.

Self Pay- Self pay accounts exist if a patient has no insurance coverage. For payment is due at the time of service for all self-pay patients.

2. Co-payments and deductibles. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your copayments at each visit. New coinsurance or deductible amounts will be billed after the date of service. These amounts can only be calculated after your appointment.

3. Non-covered services. Please be aware that some - and perhaps all - of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for the services in full at the time of the visit.

4. Proof of Insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your drivers license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for a balance of a claim.

5. Claims submission. We will submit your claims and assist you in anyway we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to

6. Coverage Changes. If your insurance changes, please notify us before your next visit so we can make it appropriate changes to help you receive your maximum benefits.

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If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past you, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be

accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physician will only be able to treat you on an emergency basis.

8. Statements/Payments

Statements

- Statements are sent to patients on a monthly basis and will show outstanding balances.

- After Insurance pays, patients are responsible for all outstanding balances.

Payment Methods

- We accept all major credit cards, checks, money orders, and cash.

- Low interest payment plans are available. Patients need to discuss options with the customer service representative.

- Returned check fees - A fee of $25 will be charged for all returned checks.

9. Missed Appointments. Our policy is to charge for missed appointments not cancelled within a reasonable amount of time. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment.

- **NO SHOW FEE IS $75 FOR MISSED CONSULTATIONS AND $100 FOR PROCEDURES.**

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Our Practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary changes for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I hereby assign to, Advanced Relief Institute, payment of medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand I am financially responsible for all charges whether or not they are covered by my insurance policy, as well as any copayments or coinsurance.

I have read and understand the payment policy and agreed to abide by its guidelines:

_____
Signature

Patient Name Printed: _____

Current Date: _____