

PAYMENT POLICY

Thank you for choosing us as your pain provider. We are committed to providing you with quality and affordable healthcare. Because some of our patients have had questions 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 in most insurance plans, including Medicare. If you are not insured pre-payment in the amount of \$200.00 is required before being seen. If you are insured by a plan we do business with but don't have an up-to-date insurance card, please provide current insurance info as soon as possible. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **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 these services in full at the time of visit.
3. **Proof of insurance.** All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's 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 the balance of a claim.
4. **Workers Compensation.** If you are here as a result of a work-related injury, we will require information regarding your employer and your employer's Workers' Compensation insurance carrier. If we cannot verify that the employer or the employers Workers' Compensation insurance is responsible for this service, then patient will receive bill. At this time it is important as the patient to call us, 515-283-0463 ext 13, so that we may assist you in having claim paid.
5. **Accident Claims.** If you are here due to an accident, we will require information regarding your health insurance. We do not get involved in Third Party Liability claims. It is your responsibility to contact your health insurance to provide details and request subrogation. If you do not wish us to file to your health insurance, then the entire billed amount will become patient responsibility.
6. **Claims submission.** We will submit your claims and assist you in any way 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 that contract.
7. **Coverage changes.** If your insurance changes, please notify us on your next visit so we can make the appropriate changes to help you receive your maximum benefits.
8. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Accounts must be in good standing and must remain under \$500.00 to be able to be seen by a pain provider or have a prescription refilled. If your account is over \$500.00 your account will be flagged and payment arrangements will have to be made. Also, please be aware that if a balance remains unpaid, we may refer your account to a collection agency. This collections balance must be paid prior to being scheduled or a prescription being refilled. If your account is sent to collections more than two times, there is a possibility that you may be discharged from the practice.

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

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