

The Pain and Headache Center, LLC

Financial Policy

Here at The Pain and Headache Center we are doing everything possible to hold down the cost of medical care. You can help a great deal by reducing the number of bills we send to you. The following is a summary of our payment policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE:

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and copayments for participating insurance companies. The Pain and Headache Center, LLC accepts cash, personal checks, VISA, and MasterCard. There is a service charge of \$35.00 on returned checks.

Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments. We realize that financial difficulty is a reality.

INSURANCE:

We must emphasize that as a medical care provider our relationship is with you, not your insurance company.

We file your insurance claim as courtesy to you, and all charges are ultimately your responsibility. Not every service is a covered benefit with your plan. Some insurance companies arbitrarily select certain services they will not cover. **It is important that you read and understand YOUR health insurance policy and its requirements for coverage, including preauthorization of services.** We currently send claims to numerous plans and are not responsible for knowing the requirements of your specific plan. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges and secondary insurance, "usual and customary" charges. If you choose to file an appeal to your insurance, it is your responsibility.

If you need assistance or have questions, please contact The Billing Coordinator between 8:30 a.m. and 5:00 p.m., Monday through Friday at 907-376-3715.

REFUNDS:

Patient/guarantor credits in amounts less than \$20.00 will be retained on account to be credited toward future balances, unless a written request for refund is received. Amounts \$20.00 and greater will automatically be refunded to the patient/guarantor.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge **\$50.00** for missed or late-canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

I have read and understand The Pain and Headache Center, LLC Financial Policy. I agree to assign insurance benefits to The Pain and Headache Center, LLC whenever necessary. I also agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

BY SIGNATURE BELOW I ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND AND I APPROVE ALL OF THE ABOVE

Signature of insured or authorized representative: _____ Date: _____

Printed name of insured or authorized representative: _____ Date: _____