



Siskin Spine & Rehabilitation Specialist

FINANCIAL POLICY

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. This policy must be signed, as is, in order for us to render treatment.

1. Self-pay patients are expected to pay for services received in full at the time of service.
2. We can not file your insurance if you do not have a copy of your insurance card or the necessary insurance information. Errors and changes in policy coverage prevent us from filing insurance with only a policy number and company name. Without a copy of your insurance card, we must have the insurance company's name, phone number to verify benefits, policyholder's name, and insurance identification number. Without this information, your account will be treated as self pay (**see #1**).
3. As a courtesy to you, we will file your insurance coverage. Charges not paid by your insurance company within 60 days will become due and payable by you unless you have Medicare, Medicaid, or an insurance policy in which we participate.
4. All co-payment, co-insurance, and deductible amounts are due at the time of service. We accept cash, check, Visa and MasterCard. Failure to pay co-payment, co-insurance, and deductibles may result in your appointment being canceled.
5. In the event your health insurance determines a service to be "not covered", you will be responsible for payment. We try to inform patients when services may not be covered; however, it is the patient's responsibility to understand his/her policy limitations.
6. We will file Medicare for all covered services. By law, the patient is responsible for payment of the deductible, co-insurance, and any **non-covered** service. Payment for non-covered services is due at the time of service. Non-covered services include acupuncture.
7. In order for us to accept and file Medicaid we must have a **CURRENT** Medicaid card on file. You are responsible for any co-payments at the time of service. Failure to pay your co-payment may result in your appointment being cancelled.
8. Claims denied by worker's compensation are the patient's responsibility. As a courtesy, denied claims will be filed to your private health insurance. It is your responsibility to provide us with your private health insurance information.

SEE REVERSE SIDE

9. If you are involved in an automobile accident and/or a liability claim, you are expected to pay for services personally, unless prior arrangements have been made with your health insurance. We do not file third party insurance and we do not wait until settlement for payment.
10. The responsibility for payment of services rendered to dependent children whose parents are divorced rests with the parent seeking treatment. Any court ordered responsibility judgment must be determined between the individuals involved and cannot be considered by this office.
11. It is our policy to charge \$25 for the completion of each disability/medical forms.
12. A \$25 service charge will be applied to your account for any returned check. If a check has been returned, we will only accept cash, Visa or MasterCard.

I agree to be personally responsible for my medical expenses. I authorize Siskin Spine & Rehabilitation Specialist to bill my insurance company on my behalf and to collect any insurance payments directly. I further authorize the release of any information to my insurance company, employer, or any other party as needed to obtain payment for services rendered. I have read, understood, and agreed to the financial policy stated above and I accept responsibility for any balance not covered by my insurance company.

Print Name: _____

Signature: _____ **Date:** ____/____/____
(if patient is under 18 years of age, person responsible for payment must sign)

It is our hope that the above financial policy will allow us to provide quality care to our patients. If you have any questions or need clarification on any of the above policies, please do not hesitate to contact our office.

**If at any time you have a billing related question, you can reach our
billing office at 1-866-866-4115**