



Financial Responsibility

Patient Name: _____ **DOB:** _____

Thank you for choosing Alliance Pain Management for your pain management needs. It is important that you understand the financial policies of this practice. It is just as important that you understand the terms of your medical coverage. Our staff is very knowledgeable of most insurance plans, but it is important that you understand the details of your personal plan. You will find your insurance company's phone number on the back of your insurance card, and we encourage you to contact them with any questions you have pertaining to your coverage.

Patients with Medical Insurance:

- If you have an insurance plan that requires a referral, you must contact your PCP to obtain a referral PRIOR to receiving care from a specialty provider. Many insurers will not cover specialty services that are rendered without a referral and will leave you responsible for the costs. As a result, if we do not have a referral on file, we will not be able to render services to you.
- We participate with most major insurance plans and our billing office will submit claims for services rendered. It is the patient's responsibility to provide all necessary information needed to file the claims prior to leaving our office. We will file your primary and secondary insurance claims; however, your insurance company may need you to supply information directly. You may be financially responsible if you do not comply with this request.
- Please bring your insurance cards to each visit to our office.
- Your insurance company **REQUIRES** us to collect co-payments at the time services are rendered. Failure to collect your co-payment is a contractual requirement so please be prepared to pay this on the date services are rendered. If you do not have your co-payment, we are not required to see you.
- Additionally, you may have deductible and/or coinsurance amounts that are your responsibility and required by your insurance carrier. These outstanding balances on your account following insurance processing will be billed to you.
- This practice will not waive or fail to collect any co-payments, co-insurance, deductibles, or any other financial responsibility in accordance with state and federal law as well as contractual agreements with payers. Full or partial financial responsibility may only be waived if a Financial Hardship application is approved.
- If the office is out of network, your insurance carrier may also pay you directly. As a patient, you are responsible for bringing in the payment and the Explanation of Benefits (EOB) from your insurance company.

Patient Balances:

- Any patient balances that remain delinquent after 90 days, with no response to requests or payment, may be referred to a collection agency. You will be responsible for all costs associated with the collection agency up to and including all legal costs.
- Our office accepts the following payment methods: Money Order, Cashier's Check, Cash, and Credit Card. **Self-pay payment methods:** Cashier's check and credit card are the only accepted payment methods per state regulations.
- **Returned checks will be charged a \$40 fee.**

Please read the Financial Policy carefully before signing.

I, the undersigned, understand the financial policies of APM and agree to abide by the plan I have signed. I also understand and agree to the following:

- I authorize my insurance benefits to be paid directly to the physician/provider and/or Alliance Pain Management.
- To pay the amount owed to APM for professional treatment and services rendered.
- I understand that I am financially responsible for all charges whether insurance covers them.

If genuine financial difficulties exist, please call our office. We are happy to work with you in resolving your balance and may be able to set up payment arrangements.

Signature of Patient/Responsible Party

Date

Print Patient Name /Responsible Party

Relationship to Patient