

# AMERICAN PAIN AND WELLNESS

*Life is better when you're at your best*

## American Pain and Wellness Financial Policy

We are committed to providing you with the best care possible. This goal is best achieved if everyone is aware of our policies. Your clear understanding of our financial policy is important to our professional relationship. Everyone is treated equally and fairly.

### **INSURANCE:**

Payment for services are due at the time services are rendered, except as outlined below. **"Payment"** means deductibles, co-insurance and co-pays for participating insurance companies. We accept cash, Mastercard, Visa or American Express. Outstanding balances are due within 30 days, unless prior arrangements have been made with our billing department. Any services not paid by your insurance carrier for whatever reason within 90 days will become your responsibility. All personal balances over 120 days will be sent to a collection agency. Although we verify your insurance benefits, insurance plans vary considerably and we cannot predict or guarantee what part of our services will or will not be covered. It is your responsibility to know your insurance policy benefits. **It is your responsibility to inform American Pain & Wellness of either new insurance or any changes in your current policy. If the new insurance information is not provided and verified 24 hours prior to your appointment, you will be responsible for the charges for that date of service and any subsequent appointments.**

### **BILLING:**

We realize that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact our billing department promptly for payment arrangements and assistance in the management of your account.

### **MISSED APPOINTMENTS/LATE CANCELLATIONS:**

Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. We reserve the right to charge for cancelled or missed appointments. Cancellations are requested 24 hours prior to appointment. A fee of \$50.00 will be charged for missed or cancelled office appointments. A fee of \$250.00 will be charged for ALL missed procedure appointments.

### **AFTER HOUR PHONE CALLS:**

A fee of \$25.00 will be charged to you.

### **FORMS AND FEES:**

There is a \$25.00 fee for the review and completion of any Insurance forms.

### **ASSIGNMENT AND RELEASE:**

I hereby authorize my insurance benefits be paid directly to the physician I understand that I am financially responsible for non-covered services. I also authorize the physician to release information required in the processing of insurance claims. I have read and fully understand the financial policy set forth by American Pain and Wellness. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to me.

PRINT NAME: \_\_\_\_\_ SIGN NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_