



The Leader in Spinal Medicine and Minimally Invasive Spinal Surgery

457E Bypass 123  
Seneca, SC 29678

Phone: (864) 886-9888  
Fax: (864) 886-9777

### FINANCIAL POLICY

It is necessary for our office to have a policy stating our financial requirements for services rendered to our patients. The financial policies are established so our practice can provide efficient and reasonable care to our patients. Patients are responsible for the payment of all services provided by our office.

We will file medical insurance as a courtesy to our patients. When we file medical insurance, we expect our patients to pay all copays, deductibles, and co-insurances required by your insurance company the day services are rendered. We ask that you assist us in contacting your insurance provider in the event that services are not paid within 30-60 days.

We strive to obtain accurate information concerning your benefits. Any costs collected upfront or quoted to you by our staff are only an estimate. We coordinate our insurance contract (if applicable) with your quoted benefits to estimate cost. However, deductible accumulation can change on a daily basis and at times benefits representatives can misquote your deductible, coinsurance, and copays. Insurance companies protect themselves by having disclaimers in place that state benefit information cannot be guaranteed until services are rendered and a claim has been submitted. Therefore, any balance remaining on the account will be the patient's responsibility and will be billed for payment.

If you do not have any medical insurance coverage, we have established a Self-Pay fee schedule. We collect all costs associated with your care in full at time of services.

If you have been in an accident (i.e. motor vehicle) that is under litigation, our office will not hold billing until settlement. You will be subject to the Self-Pay guidelines and payment required in full when services are rendered. If you have medical insurance we will attempt to file to the insurance company for payment. However, if your insurance company denies the claim you will be required to pay in full within 30 days.

For Worker's Compensation claims, we will bill your Worker's Compensation carrier for services rendered. If you are covered, we will accept the payment made by Worker's Compensation as payment in full. If claim(s) are denied or go into litigation, the entire balance will become the patient's responsibility and will be due within 30 days from date of denial. It is the patient's responsibility to inform us of any changes in adjusters or insurance information. Workers' Compensation patients must be authorized by our staff and notification from insurance company received before initial consultation.

Unfortunately, we do not set up payment plans through our practice for any patients, with or without insurance coverage. However, we do have different payment options available. One of our staff members will be happy to provide you with that information if needed.

Any service considered non-covered or cannot be guaranteed for payment by the patient's insurance will be required to be paid in full in advance and/or the patient will be required to sign a waiver to establish financial responsibility.

As stated previously, insurance companies do not guarantee payment for any services before they are performed. If the patient's insurance denies any services at time of claim submission, the patient will be responsible for any balances remaining on the account.

**By signing below, the patient is stating they have read the policy in full and completely understand all the information provided. Also by signing below, the patient is accepting full financial responsibility for any balance on their account.**

Print Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_