



A division of Eastern Carolina Anesthesia Associates, PLLC

Financial Policy

Thank you for choosing us as your health care provider. We are committed to providing you with the highest quality health care available and a courteous and helpful staff. These policies and procedures will establish the expectations you will receive from Midtown Pain and Spine Clinic and also what we expect from you as a patient.

Office Visits If we participate with your insurance company, co-pays, deductibles and co-insurance amounts will be collected at check in. If you are uninsured or choose to not file your insurance, you will be required to pay the full amount before being seen by the provider. **Your appointment may be cancelled or rescheduled if you are unable to pay for your visit at the time of service.**

Telehealth Appointments: If deemed appropriate by your provider, your follow up visit may be scheduled as telehealth. These visits may be scheduled by Zoom, Facetime, or phone call with your provider. These visits are billed to your insurance and you are responsible for the same office visit copay, deductible or coinsurance as you would be for an in person visit.

Referrals: If your insurance requires a referral or authorization to see a specialist, it is your responsibility to make sure this is received in our office prior to your appointment. Your visit may be rescheduled or you will be responsible for payment if authorization is not obtained prior to seeing the provider.

Workers Compensation Cases: If you are visiting as a patient under Workers' Compensation, we must have a documented referral at the time of your visit or have your adjuster call and give information about your case prior to your appointment. Failure to provide this information may result in your visit being rescheduled.

Third Party Payors: Midtown Pain and Spine Clinic does not accept medical liens for personal injury claims. If you are being represented by an attorney because of an accident or injury and are expecting reimbursement from a third party, you are still responsible for your bill at the time services are rendered. No arrangements will be made based on prospective third-party payments.

No Show Policy: As a courtesy, we attempt to remind each patient of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. Cancellations must be received 24 hours in advance. Patients who do not contact us prior to their office appointment will be charged a \$50.00 no show fee. There will be a \$100.00 no show fee for procedures. No show fees are the responsibility of the patient and not billed to insurance.

Medical Procedures Your provider may recommend a medical procedure be performed in office or at an outside facility. Our office will contact your insurance company to obtain benefits and preauthorization. Verification of benefits is not a guarantee of payment from your insurance company. It is the responsibility of the patient to contact your insurance company regarding your coverage. You are expected to pay the co-payment or out of pocket costs as directed by your policy and will be responsible for any portion not paid by your insurance company.

Billing Procedures As a courtesy, our office will submit your insurance claim on your behalf. Therefore, it is essential that we have complete and accurate information about your insurance carrier. Please remember that your insurance policy is an agreement between you and the insurance company. It is your responsibility to pay any balance not paid or covered by your insurance. If your insurance carrier sends you payment for our services, please sign over the check to Midtown Pain and Spine Clinic or you will be billed for the balance.

Collection Process: Payment is due when services are rendered. Our office is able to help answer any questions you may have in regard to your charges and balances. You will receive billing statements from our office as well as Explanation of Benefits from your insurance carrier. Please review the statement for accuracy and contact your insurance company regarding any outstanding claims.

Delinquent Accounts: Any outstanding patient balances with no payment or activity for 60 days may result in your account being turned over to an outside collection agency. We will make every effort to assist you with payment arrangements with you prior to this action taking place. Any fees incurred by a collection agency will be your responsibility.

Medical Forms Due to the complexity and time involved with completing medical forms, completion of any forms (such as FMLA, disability or return to work), requires a separate appointment with your provider. You must provide these forms in advance of your appointment and the provider will determine if they are able to fill them out. These visits will be billed to your insurance and you will be responsible for the same office visit copay, deductible or coinsurance as you would for an office visit.

Credit Card on File The current state of healthcare has resulted in a greater financial burden to the patient. Although we make an attempt to notify patients of their out of pocket expense prior to services, there are insurance plans that require deductible and copayment amounts unknown at the time of your visit. Midtown Pain and Spine Clinic requires that all patients sign a Credit Card on File agreement at their visit. We will submit claims to insurance and any amount not paid by insurance will be charged to the credit card on file for payment.

We accept various methods of payment including:
CASH, CHECK, MC, VISA, DISCOVER, AMERICAN EXPRESS, AND DEBIT CARDS

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY ABOVE. I UNDERSTAND THAT I
AM RESPONSIBLE FOR ALL MEDICAL EXPENSES , REGARDLESS OF INSURANCE COVERAGE, JOB-RELATED ACCIDENT OR INCIDENT
WITH ANOTHER PERSON AT FAULT
I FURTHER UNDERSTAND ANY BALANCES SHOULD BE PAID WITHIN 30 DAYS.

Patient Signature: _____ **Date:** _____