

Financial Policy and Patient Consent Form

Select Spine & Sports Medicine recognizes the need for a clear understanding between patient and medical provider regarding protected health information and financial arrangements for healthcare. The following information is provided to avoid any misunderstanding concerning protected health information and payment for professional services.

For the safety and protection of our patients and Select Spine and Sports Medicine, patients are required to present a valid form of identification upon check-in prior to treatment.

1. PAYMENT:

Payment is expected at the time of service. If your deductible has not been met, or a percentage is your responsibility, we expect payment when services are rendered. Even though insurance will be filed, you are responsible for any balance after insurance processes your claim. All charges for treatment become due and payable sixty (60) days after the date of service. These periods allow sufficient time to process insurance and make payment in full of any remaining balance. There will be a \$25 charge for returned checks.

2. SELF PAYMENT (PRIVATE, CASH PAYMENT):

If you have no insurance coverage, we will gladly work with you to make your care affordable.

3. MANAGED CARE:

All managed care (HMO, PPO, etc.) co-payment amounts are due at the time of service. If your insurance plan requires a referral authorization from a primary care physician please present this at your initial visit. If you request an office visit without a referral authorization your insurance plan may deem this as "out of network" or "non-covered" treatment, and you will be responsible for a larger amount or all of the charges. By signing below, patient acknowledges that it is the patient responsibility to be aware of what services are covered and agrees to pay for any service deemed to be non-covered or not authorized by the plan.

4. MEDICARE:

We are participating providers with the Medicare program and accept as payment, the Medicare allowable, patient deductible and/or 20% co-insurance. If you have supplemental insurance (Medigap) to cover the portion of the charges that Medicare does not pay, please provide us with a copy of your insurance card and any forms your insurance company may require. Medicare or secondary carriers do not cover some procedures and supplies.

Please make certain you understand which aspects of your treatment are covered before proceeding. You will be asked to sign a waiver form, which states that you understand that you will be responsible for these charges if deemed non covered.

5. AUTOMOBILE ACCIDENT PATIENTS:

We do treat automobile accident patients, and will continue care under a "Letter of Protection" from a licensed attorney. Auto insurance or the use of personal injury protection coverage is also acceptable, provided we verify claim status prior to service with insurance adjuster.

6. CHILDREN OF DIVORCED PARENTS:

Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks the treatment. Any court ordered responsibility judgment must be determined between the individuals involved.

7. SECONDARY INSURANCE:

The Texas Department of Insurance requires the patient to provide secondary insurance coverage to the provider if applicable. Patient agrees to provide such information as outlined below. Patient agrees to notify provider in the future immediately of any additions, changes or deletions in primary or secondary insurance coverage. Initial/complete as applicable.

_____ I have no secondary insurance coverage.

_____ I have secondary insurance coverage

Please note the following charges will apply to ALL patients:

As we know time is valuable, we ask that you respect our time and make all cancellations or reschedule appointments with 24 hours of scheduled appointment.

New Patient No Show or Late Cancel: A credit card may be requested to be placed on file to guarantee a second scheduled new patient appointment. If second appointment results in no show or late cancel, \$70.00 will be charged to the credit card on file.

Active Patient No Show or Late Cancel: A credit card may be requested to be placed on file to guarantee a second scheduled active patient appointment. If second appointment results in no show or late cancel, \$60.00 will be charged to the credit card on file.

Select Spine & Sports Medicine firmly believes that a good patient/physician relationship is based upon understanding and open communications. It is our hope that the above policies will allow us to provide the highest quality care to our patients. If you have any questions or need clarification regarding these policies please call us at (281) 993-2122.

Patient Name (Please Print)

Patient Date of Birth

Signature (Insured / Guardian)

Date