



### **EXODUS PAIN CLINIC FINANCIAL POLICY**

Welcome to Exodus Pain Clinic (“Clinic”). This form sets forth the Clinic’s financial payment policy. We ask all patients to review and sign this Financial Agreement.

As a recipient of medical care, the Patient is responsible for all charges regardless of the circumstances for reimbursement.

**1. Insurance:** The Clinic accepts assignment and participates in most insurance plans. If the Patient’s insurance is not a plan we participate in, payment in full is expected at each visit. It is the Patient’s responsibility to know his/hers insurance benefits. It is the Patient’s responsibility to communicate with his/hers insurer with any questions regarding the available coverage to receive the maximum benefit.

**2. Patient payment:** All copayments and deductibles are to be paid at the time of service. This arrangement is part of the Patient’s contract with his/hers insurance company.

**3. Registration:** All Patients must complete the Patient information form, which will be entered into the Clinic’s computer system to maintain accurate information for proper billing. The Patient must provide a copy of the driver’s license and current valid insurance card to provide proof of insurance. If the Patient fails to provide the correct insurance information and/or insurance changes in a timely manner, the Patient may be responsible for the entire balance of the claim.

Most insurance companies have time filing restrictions; if a claim is not received within 90 days of the date of service, it can be rendered ineligible for payment and you will be responsible for the balance that remains.

**4. Claims:** The Clinic will submit the Patient’s claims to the insurance company of record and will reasonably assist the Patient to get your claims paid. However, should the insurance company of record does not accept information provided, it is the patient’s responsibility to cooperate and comply with the insurance company’s requests for additional and/or different information. The Patient’s insurance benefit is a contract between the Patient and the insurance company, i.e. the Clinic not party to that contract.

**The balance of the claim is the Patient’s responsibility irrespective of his/hers insurance company’s reimbursement.**

**5. Credit and collection:** If your account is more than 90 days past due, (without payment activity) you will receive a letter stating that you have 10 days to pay your account in full. Accounts with no activity for 120 days may be sent to a collection agency. If an account is sent to collection, it is the policy of this office to discharge the patient and possibly immediate family members from the practice.

**6. Missed appointments:** The Clinic will charge \$50 for missed appointments and \$75 for missed procedures not canceled within 24-hours prior to the patient’s appointment. These charges will be Patient’s responsibility and billed directly to the Patient. Repeat offenders will be subject to dismissal from the practice.

**7. Returned Checks:** The Clinic will charge \$35 for the returned checks and the Patient will be denied any future payments by check.

**Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.**