

Bend Spine and Pain Specialists

- 1. Insurance.** For the convenience of our senior patients, we participate with Medicare. We are also contracted with most of the other insurance plans. It is your responsibility to check with this office to determine participation status. As a courtesy to you we do check benefit, eligibility, referral and authorization requirements prior to your visit, but ultimately the responsibility to manage and understand your insurance benefits falls upon you, the patient. If we do not participate with your insurance plan, payment is expected at the time of service until we can verify your coverage. After that time we will be happy to submit insurance claims on your behalf, but you remain responsible for your health care bills.
- 2. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service or, in some cases; arrangements may be made for a payment plan. We can accept your payment with credit card, personal check or cash. Co-payments and deductibles are part of your contract with your insurance company and failure to comply may be considered fraud. Please assist us in upholding the law by taking immediate responsibility for these charges.
- 3. Non-covered services.** Please be aware that some services provided to you may not be covered by Medicare or other health insurance. This does not mean that they are not medically necessary or appropriate. We will always try to forewarn you of this situation, but ultimately the cost of these services will be your responsibility.
- 4. Proof of Insurance.** We require all patients to provide accurate personal and clinical information prior to being seen. You must provide us with current valid insurance information. We will make a copy of both the front and back of your insurance card at your initial visit. If your insurance changes during the course of your treatment, it is your responsibility to provide that information to us.
- 5. Claim submission.** After insurance verification as a courtesy, we will submit claims for you and work diligently to get them paid. Your insurance company may require you to submit some information directly to them. It is your responsibility to comply with their request. Any unpaid claims by your insurance company remain your responsibility so it behooves you to address these issues as quickly and efficiently as possible. If your insurance company issues you a check for payment of services rendered at Bend Spine and Pain, payment will become due immediately by you to Bend Spine and Pain. In addition to the check, we will need a copy of the explanation of benefits provided to you by your insurance company.
- 6. Nonpayment.** In case of nonpayment, you as the receiver of medical care, are ultimately responsible for the bill. By working with the above policies and procedures, we hope to minimize this from occurring. Your insurance company may have a list of what is termed "reasonable and customary" charges for services billed by your health care provider. This list is only a reflection of what the insurance company will cover for this care. It may have little or no correlation to actual charges for any comparable physician in the area. The potential difference between these charges and any co-insurance will be your personal financial responsibility. Bend Spine and Pain reserves the right to attempt to resolve all claims through any legal means available.
- 7. Uninsured Patients.** If a patient does not have insurance coverage or loses coverage during the course of treatment, payment is due at the time of service. However, we understand that there may be special circumstances that require payment plans. All payment plans will be determined by administration, in writing, and will be billed to a pre-authorized credit card and will be scheduled to be approved on a predetermined date each month unless otherwise approved by administration.
- 8. Missed Appointments.** Since appointments are scheduled by you at your convenience, we fully expect the courtesy of 48 hours notice if you cannot make your scheduled appointment. If you do not give notice we may bill you for the visit and/or formally discharge you from the practice.
- 9. Non Sufficient Funds Check.** We will attempt to secure funds from any checks written, however, if they are returned to us unpaid, this amount plus an NSF fee of \$25.00 will be due immediately.