



**FINANCIAL POLICY, CONSENT FOR TREATMENT, AND
RELEASE OF MEDICAL INFORMATION**

Thank you for choosing us as your pain management provider. Please understand that payment of your bill is considered part of your treatment. All patients must complete the registration sheet and provide proper insurance information prior to seeing a physician. Full payment is expected as services are rendered. We accept cash, credit card, or check. Payment terms can be arranged with prior approval from our billing department. **Co-payments are due at the time of service.**

If you have insurance, as a courtesy to you, we will file your primary insurance and wait no more than 45 days from them to pay. If your account has reached 45 days, you will receive a letter from our office. The letter requests that you contact your insurance company and check on the status of your claim and call our office with the results, within 10 days. We will also file your secondary insurance claim once the primary carrier has paid.

Consultants in Pain Medicine is committed to providing the highest quality care for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of your insurance company's arbitrary determination of usual and customary rates. Your insurance policy is a contract between you and your insurance company. Any disagreement you have concerning the amount your insurance pay should be directed to your insurance company. We will follow the rules of the agreement for the insurance companies with whom we are contracted. At no time will co-insurance, co-payments, or deductibles be waived.

If you have an HMO, PPO, or equivalent policy, it is your responsibility to inquire with the insurance company to see if Consultants in Pain Medicine is a contracted provider. We try to become contracted providers for as many policies as we can. It is also the patient's responsibility to keep track of referral and referral dates and number of visits.

If your treatment is based on an accident or injury claim, our office will complete your paperwork at a **minimum cost of \$25 per form** depending on the time required. Payment must be received, as the forms are prepared.

Authorization: I hereby authorize Consultants in Pain Medicine to administer treatment and perform procedures as may be deemed necessary or advisable in my diagnosis. I further authorize the release of any medical information necessary to process my insurance claim and request payment of medical services to be assigned directly to Consultants in Pain Medicine. In the event my insurance does not cover services rendered, I agree to be personally and fully responsible for payment. I have read the office policy and understand and agree to its terms. This authorization is to remain in full force unless I revoke the same in writing.

Signature

Printed Name

Date