

BILLING AND PAYMENT POLICY

PAYMENTS can be accepted by cash, check or charge card.

All co-payments, co-insurance and deductible payments are due and collected at the time of the visit.

Patients who are unable to provide their co-payments, co-insurance and/or deductible payments at the time of service or who have neglected to bring a required referral form will be re-scheduled.

FAILURE TO KEEP APPOINTMENT

We request that you provide us with **at least 48 hour notice** if you cannot attend a scheduled appointment. This will allow other patients who are waiting for a cancellation to be notified. We understand situations may arise that are out of your control, and 48 hour advance notice may not be feasible. However, in these situations, we ask that you notify our office as soon as possible.

Patients who repeatedly fail to notify the office with at least 48 hour notice and/or fail to show for a scheduled clinic visit will be charged fifty (\$50) dollars and/or the specialty office visit copay. Patients who fail to notify the office with at least 48 hour notice or fail to show for a scheduled procedure will be charged One Hundred (\$100) dollars. These charges will be collected at the time of your next scheduled appointment and/or will be billed to you directly.

When a patient repeatedly misses scheduled appointments, it becomes a burden to the office and other patients. Therefore, if a patient misses three consecutive appointments without proper notification, he/she may be dismissed from our office, at the discretion of the treating physician. A letter will be sent to the patient informing him/her of the decision.

MANAGED CARE INSURANCE

- A. All managed care patients are expected to know their policy requirements and to ensure that policy guidelines are met.
- B. Patients are required to obtain the necessary referral forms and present them at the time of their scheduled visit(s).

PPO INSURANCE

- A. Pre-authorization will be obtained for all procedures.
- B. Unpaid deductibles and co-payment requirements pertaining to procedure will be due and payable prior to the schedule.

MEDICARE

- A. We are participating providers with Medicare, and will bill all claims for Medicare patients.
- B. Medicare patients are expected to pay their full co-payment amount, unless you have a Medi-gap policy. Our office will then also bill your Medi-gap policy.
- C. Medicare patients are expected to pay their annual deductible, in the event it is not covered by the Medi-gap policy.
- D. Medicare patients who participate in a managed care or HMO Medicare plan--please note that the policies applicable are those listed in Managed Care section above.

SELF PAY/CASH

We accept personal checks, cash and credit cards.

Payment in full is required at the time of service. The estimated fees for your visit will be provided in advance (by phone or at the front desk upon check in).. Any balance due after the visit will be calculated at the conclusion of the visit.

RETURNED CHECK CHARGES

In the event that a patient presents us with a check which is returned by their bank (NSF, Acct. Closed, etc.), the patient will be charged a \$25.00 returned check handling fee and no checks will be accepted in the future — only cash or credit card payments.

UNPAID CHARGES

In the event that a patient declines or neglects to pay, the charges will be turned over to a collection agency for collection of unpaid bills.

By my signature below, I hereby agree to abide by the Billing and Payment Policies of Odyssey Pain Center as described above. I understand I am responsible for payment of any unpaid charges.

Patient Signature _____ Date _____

Patient Name: _____