

Financial Policy for Patients

Interventional Spine and Pain Associates of New Jersey, LLC
670 N. Beers St., Bldg 4, Suite 1
Holmdel, NJ 07733

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you read, and sign prior to any treatment.

In order to achieve the practice goals of providing the finest medical care at the lowest possible cost, we need your assistance, and your understanding of our payment policy:

FULL PAYMENT FOR PROFESSIONAL SERVICES IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD. WE ALSO OFFER A PAYMENT PLAN WITH PRIOR APPROVAL.

All patients must complete our Patient Information and Insurance form before seeing the doctor.

In order to keep our fees to a minimum, we require that you pay at the time of service so that we do not have to send bills. All patients who have accounts with outstanding balances will have Statements mailed on a monthly basis to their permanent address. You must remember that you are responsible for the bill unless you have made arrangements approved in advance by the Practice Manager.

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment in full at their time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan. Visa MasterCard or payment by cash or check at time of service has been verified.

Charges (\$25.00) will also be assessed for missed appointments and appointments canceled without 24 hour advance notice.

If you have Insurance coverage, we will file the claim for you. We will accept assignment of insurance benefits by your signed approval.

We do require that at least 20% of the bill or Co-Pay be paid at time of service unless prior arrangements have been made. The entire balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved for our payment plan or provide a credit card with authorization to bill that account for the balance.

By law your Insurance carrier must remit payment or deny your insurance claim within 30 days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel it is necessary to work together to resolve any insurance problem. If your insurance company has not paid your account in full within 45 days the balance will be automatically be transferred to your credit card or to a pre-approved payment plan.

Our staff is trained to help you with any insurance question you may have. Remember, though, that we can best answer questions relating to how your claim was filed, or regarding any additional information the carrier might need to process your claim, COVERAGE ISSUES, however, can only be addressed by your employer or group plan administrator.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Thank you for understanding our Financial Policy. If you have any questions about financial arrangements please feel free to talk with our Practice Manager. We will make every effort available to you to clarify any misunderstanding you have concerning your balance. We are here to help you,

Sincerely,

Practice Manager Signature

Date

I have read, understand and agree to this Financial Policy:

Signature of Patient or Responsible Party

Date

Signature of Co-Responsible party

Date