



FINANCIAL POLICY AND AGREEMENT

You are financially responsible for the medical services you receive. Please review our policies below and provide your signature to indicate your agreement to these terms.

APPOINTMENTS

- **Copayments.** Copayments for clinic visits are due at the time of service. If you are unable to make your copayment at the time of service, Pittsburgh Pain Physicians (PPP) reserves the right to reschedule your appointment until a time that you are able to make your copayment. Payment for any outstanding balance is due at your appointment.
- **Procedure Prepayment.** PPP collects your payment for a procedure at the time when the procedure is scheduled. Your prepayment is based on an estimate of your expected financial responsibility. This is an estimate only. You are responsible for any unpaid balance after your insurance (if applicable) has been billed. We reserve the right to reschedule your procedure until prepayment has been made.
- **Missed Appointments and Late Arrivals.** If you are more than 15 minutes late, we may reschedule your appointment. If you are more than 60 minutes late, or if you do not show up to your appointment, you will be responsible for a missed appointment fee of \$25. Missed procedure or testing appointments are subject to a \$50 charge. These charges are your responsibility.

INSURANCE PAYMENTS

- **Financial Responsibility.** Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment-in-full for all medical services provided to you. Any charges not paid by your insurer will be your responsibility, except as limited by your contract (if any) with your insurance carrier.
- **Coverage Changes and Timely Submission.** It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit within which PPP must submit a claim on your behalf to your insurer. If PPP is unable to submit your claim within this period because we have not been supplied with your correct insurance information, you will be responsible for the charges.
- **Self-Pay.** If you do not have health insurance, or if your health insurance will not pay for services rendered by PPP, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule. Self-pay patients are expected to make payment in full at the time of service.

BENEFITS AND AUTHORIZATION

- **Insurance Plan Participation.** We participate in many but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned physician participates in your plan. Out of network charges may have higher deductibles and copayments.
- **Referrals.** Referral and prior authorization requirements vary widely among insurance carriers and plans. If your insurance carrier requires a referral for you to be seen by PPP, it is your responsibility to be aware of this fact, and to obtain this referral.
- **Prior Authorization and Non-Covered Services.** PPP may provide services that insurance plans exclude or require prior authorization. If insured, it is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. PPP, as a courtesy to our patients, makes a good faith effort to determine if services we order are covered by your insurance plan, and, if so, whether or not prior authorization for treatment is required. If we determine that a prior authorization is required, we will attempt to obtain such authorization on your behalf.
- **Out of Network Payments.** If we are not part of your insurance carrier's network (out-of-network) and your insurance carrier pays you directly, you are solely responsible for payment to PPP.

ACCOUNT BALANCES AND PAYMENTS

- **Reassignment of Balances.** If your insurance company does not pay within a reasonable time, we may transfer the balance to you. Please follow up with your insurance carrier to resolve non-payment issues. Balances are due within 30 days.
- **Collection of Unpaid Accounts.** If you have an outstanding balance over 120 days old and have failed to make payment arrangements (or become delinquent on an existing payment plan), we may turn your balance over to a collection agency and/or an attorney, which may result in reporting to credit bureaus and/or legal action. PPP reserves the right to refuse treatment to patients with outstanding balances over 120 days old. You agree to pay PPP for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs.
- **Returned Checks.** Returned checks will be subject to a \$25 returned check fee.
- **Refunds.** Refunds for overpayment or prepayment on cancelled procedures are made only after there has been full insurance reimbursement for all medical services on your account.
- **Statements.** Charges shown by statement are agreed to be correct and reasonable unless protested in writing within 30 days.

Agreement and Assignment of Benefits

I have read and understand the financial policy of Pittsburgh Pain Physicians, and I agree to abide by its terms. I hereby assign all medical and surgical benefits and authorize my insurance carrier(s) to issue payment directly to Pittsburgh Pain Physicians. I understand that I am financially responsible for all services I receive from Pittsburgh Pain Physicians. This financial policy is binding upon you and your estate, executors, and/or administrators if applicable.

PATIENT/GUARANTOR NAME

SIGNATURE

DATE

