



David W. Lowry, MD, PC
M. Adam Kremer, MD, PLC
Neurosurgery
Shelley Freimark, MD, PLC
Physical Medicine and Rehabilitation



Derick M. Johnson, DO
Carl H. Wierks, MD
Orthopedic Surgery

FINANCIAL POLICY

The Brain + Spine Center and The Bone & Joint Center are dedicated to providing our patients with the best possible care and customer service. We ask for your help by understanding and cooperating with our financial policy. We must emphasize that as physicians, ***our relationship is with you***, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility.

NO SHOW POLICY:

Our physicians and staff respect the time that you take to come to your appointment as well as the arrangements that may be necessary in order for you to be here. We do our best to run as close to your scheduled appointment time as possible. Please be sure to arrive at your scheduled appointment time. We have reserved this time especially for you.

We understand that unexpected things may come up that could prevent you from keeping your appointment with us. However, every time a patient does not notify us that they will be unable to keep an appointment, it prohibits another patient from being able to see one of our providers. Therefore, we want to let you know what our policy is with regards to patient “no shows”.

We request that you let us know at least two hours prior to your appointment time that you will be unable to keep your scheduled appointment. If you do not do this, you may be assessed with a “no show”. Two “no shows” within a rolling 12 month period may result in your being discharged from our practice in which case no further appointments will be scheduled for you.

Thank you in advance for your consideration and thoughtfulness in this matter. It is very important to us that we are serving all of our patients as effectively and efficiently as possible.

LATE POLICY:

New patients should arrive 15 minutes before their scheduled appointment time in order to ensure that all required paperwork is completed. ***If you arrive more than 7 minutes after your scheduled appointment time, your appointment may be rescheduled for another day.*** Further, if you do not have your paperwork completed upon arrival, this could cause your appointment to be rescheduled, due to the additional time that it will take to complete this important information. Please understand that the practice of medicine does involve people so emergencies and unanticipated delays do sometimes occur. So if we are able to accommodate your late arrival without delaying subsequent patients, we will make efforts to do so. We pledge to keep you informed of any delays that may occur on our end.

INSURANCES:

We participate in many insurance plans, including Medicare. **Individual physician participation within our office may vary.** It is your responsibility to check with your insurance plan to see if a specific physician participates with your insurance plan. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.

If you are not insured by a plan we do business with, payment is expected at each visit. All insurance carriers have a schedule of fees from which they will pay; however, the doctor's fees may be more than what the insurance company will pay. Any balance not covered by your insurance company will become your responsibility.

WORKERS COMPENSATION:

We will bill any Workers' Compensation insurance carrier or employer providing **prior authorization**. If a Workers' Compensation carrier denies further authorization for patients already undergoing treatment, it will then be the patient's responsibility to contact their health insurance carrier and receive approval for any further treatment in writing. *Any services disputed or denied by your employer will be considered **your responsibility**.*

AUTO ACCIDENT INJURIES:

As a courtesy to our patients we will bill the Third Party Carrier, but the **patient is ultimately responsible** for their services. *All claim information must be provided at the time of service, including the carrier name, address, claim number, with contact name and phone number. It is the patient's responsibility to see that their balance is paid promptly, regardless of any pending litigation.*

CO-PAYS AND OUTSTANDING BALANCES:

Due to current federal and insurance regulations, **all** co-pay, co-insurance and deductibles are collected at time of check-in. If your co-payment is not paid at the time of service, a \$10.00 billing charge will be added to your account for each instance, unless other arrangements were made with the billing office staff. All outstanding balances on accounts are due at the time of service. We accept cash or checks, and for your convenience, Visa, MasterCard or Discover.

DISABILITY INSURANCE FORM COMPLETION:

Our office will complete your disability insurance forms. The fee for each form is \$20 and must be paid in advance prior to completion of your form. **PLEASE ALLOW 10 BUSINESS DAYS FOR COMPLETION OF YOUR DISABILITY FORMS.**

CHECKS RETURNED FOR INSUFFICIENT FUNDS:

If we receive a returned check for insufficient funds, we will immediately reverse the payment on your account and will also charge a \$40.00 fee to your account.

COLLECTION ACCOUNTS:

Our office will make every effort to communicate with you about your account and will present reasonable options for payment. If you have a balance on your account, we will send you a monthly statement. If your account is over 90 days past due without contacting our billing department to discuss payment options, the account will be turned over to collections. If your account is sent to our collection agency, a collection charge of 30% of the amount due will be added to the balance of your account. If legal action is necessary to collect your obligation to us, you agree to pay all reasonable attorneys fees and costs incurred in collecting your obligation.

SELF-PAY POLICY:

Payment is expected at the time of service. Prompt pay discounts may be available, please check with practice staff for details.

FEE SCHEDULE/AUTHORIZATION OF TREATMENT. Our fee schedule is available on request and we encourage you to review it and retain a copy. By authorizing treatment, you agree that all fees for the treatment are reasonable and fair and that all components of the treatment plan are necessary for your care, recovery, and rehabilitation.

SURGERY:

We may require a pre-surgical deposit, the amount of which depends on your coverage and deductible amount. A cost estimate which shows your financial responsibility, based on the benefit levels and coverage of your insurance plan, will be explained to you.

MINORS:

All minors (17 years and younger) must be accompanied by a parent or guardian. The **accompanying adult** is responsible for payment of the account, according to the policy outlined above.

REFUNDS:

If a refund is due to you, we will process and issue the refund on or about the 15th of the following month.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY THE BRAIN + SPINE CENTER AND THE BONE & JOINT CENTER AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY. I ALSO UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAYBE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Signature of Patient/Guardian

Date

Should you have any questions or concerns, please contact Lisa Pearson, Executive Director at lisa.pearson@brain-and-spine.com Thank you for trusting us with your care.