



FINANCIAL POLICY

- Our clinic requires 24-hour notice for appointment cancellation. Otherwise, the patient may be charged a \$25 “No Show” fee for the missed appointment.
- This clinic will bill third-party payers, accept assignment, and wait to be paid for some portion of our patient’s financial responsibility.
- Co-pays and coinsurance are due at the time of service. Patient balances not received within 30 days of the visit may be subject to a late fee.
- As a courtesy to you, our clinic will verify your insurance benefits; however, this is not a guarantee of payment. It is the patient’s responsibility to know his/her benefits including deductibles, co-pays, and visit limitations. In addition, it is the patient’s responsibility to obtain a current referral and keep track of visits used during his/her benefit year.
- If we participate with your insurance plan, you will not encounter balance billing above the stated fee schedule for covered services/charges. If we do not participate, we will work with you to determine the amount of coverage and help estimate your responsibility.
- Covered service/charge - Services that are typically covered under the terms of your contract with your insurance company. It is important to note that even though services may be a covered charge or benefit; they are often subject to deductibles, co-pays, and coinsurance.
- Non-Covered Service/Charge – This is policy specific. They are services that are not a covered benefit under the provisions of your insurance plan. If your insurance does not cover a service, you are liable for the entire amount.
- Our clinic participates in a discount medical plan organization and offers discounted fees to uninsured, underinsured, or partially insured patients who are members. We will assist you in learning more about this should you wish to access these discounted fees.
- Please notify our clinic in a timely manner of any changes, including insurance coverage, address, and telephone number. Delay in providing us with accurate information may prevent insurance reimbursement, and the patient will be responsible for fees.
- There will be a \$30 fee for any returned checks.
- If the balance of your account or previously agreed-upon payments are not received in a timely manner, you will receive a final notice requesting immediate payment. If payment still is not received, your account will be turned over to a collection agency and you will be assessed any collection costs incurred, and you will then be advised to obtain a new healthcare provider. If your collection suit is referred to an attorney, you will be assessed all attorney fees incurred, in addition to court costs.

Signature: _____

Date: _____

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