

## **PUGET SOUND SPINE & SPORTS MEDICINE - FINANCIAL POLICY**

We thank you in advance for taking the time to review and to understand our financial policy. Succeeding with insurance processing and reimbursement requires patient participation.

### **PATIENT INSURANCE**

Puget Sound Spine & Sports Medicine, PLLC will only bill contracted insurance plans as a courtesy to our patients if the required insurance information has been provided in a timely manner and if there is a signed financial policy on file. Please note the following:

1. Knowing your insurance benefits is your responsibility. Regardless of the type of insurance coverage you have, you are ultimately responsible for paying your medical bills.
2. If your insurance company rejects the claim or delays payment, our clinic will bill you after 30 days for those charges.
3. If you are insured by a plan we are contracted with, but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. It is the patient's responsibility to inform the office of any changes in coverage at the time of service.
4. If you are not insured by a plan we are contracted with, payment in full is expected at the end of each visit. You may file a claim with your insurance for reimbursement and we can provide necessary coding information to assist you with this process.

### **CO-PAYS, DEDUCTIBLES, AND CO-INSURANCE**

Please be prepared to pay for your portion of the charges on the date of service. Deductibles and co-insurances processed by your insurance company are due by your next visit or billing statement, whichever comes first. If co -pays are not paid at the time of service, your co-pay will be added to your next visit or billing statement. We reserve the right to charge a \$10 service fee if your co-pay repeatedly goes uncollected by your next billing cycle.

### **SECONDARY INSURANCE**

As a courtesy, we will file balances due with secondary insurance after primary insurance has paid its portion. You must provide this information at your first visit – along with your primary insurance – or as soon as coverage is effective. However, if your secondary insurance does not pay within a reasonable time of 30–45 days, the balance will revert to the patient's responsibility. Our office does not file third insurances.

## **SELF-PAY (PATIENTS WHO ARE UNINSURED OR OUT-OF-NETWORK)**

Payment in full is due at the end of your visit. A discount may be given for prompt payment. This discount may not apply to motor vehicle accidents, third party insurance claims (e.g., motor vehicle versus a pedestrian or cyclist), or any cases where the patient may be reimbursed in full.

## **MOTOR VEHICLE ACCIDENTS (MVA) AND PERSONAL INJURY PROTECTION (PIP)**

Except in the case of a motor vehicle versus a pedestrian or cyclist, we do not bill third-party insurance claims. We will bill the Personal Injury Protection (PIP) insurance carrier until your benefits are exhausted or your claim closes. If your PIP benefits exhaust, we will bill your private insurance on file, if we are contracted. The bill becomes your responsibility if not paid by the carrier in 45 days.

We require all patients with MVA-related claims to sign a Letter of Guarantee (LOG) on their first visit. You must also provide the name of your attorney and their contact information as we require both you and your attorney to sign the LOG. By signing the LOG, patients are entering into a contractual arrangement with Puget Sound Spine & Sports Medicine, PLLC. This contract stipulates that you or your attorney will pay Puget Sound Spine & Sports Medicine, PLLC any sums still owed to us from any settlement, judgment, or verdict arising from a motor vehicle accident.

## **WORKERS' COMPENSATION**

If your treatment is related to an injury at work, we will need the claim number, date of injury, and the name of your claim manager prior to your visit in order to bill the workers' compensation insurance carrier.

## **MISSED OR CHANGED APPOINTMENTS ON SHORT NOTICE**

The following are significant burdens to our medical clinic and hinder other patients from obtaining our timely medical care:

1. "No-Show Visits" for patients with scheduled appointments.
2. "Late-Changed Visits" with less than one business day notice (i.e., less than 24 business hours), including cancelled or postponed appointments.

We reserve the right to charge you up to 50% of the expected cost of your scheduled appointment for no-show visits or late-changed visits. If you have a record of two or more incidents like this, we reserve the right to terminate your care with us.

## **DELINQUENT ACCOUNTS**

Our collection policies are fair but firm. If you have a past due account, you may be reminded of this when calling to make an appointment or when we are doing reminder calls and will be asked to bring this payment with you to your next appointment or to pay online. Partial payments will not be accepted unless otherwise negotiated. Monthly statements are sent as a reminder of your balance. Any balance greater than 90 days may be subject to third party action and potential discharge from the practice. Your prompt payment is appreciated to avoid any collection proceedings. These unresolved balances may also be subject to further charges, attorney fees, and collection agency fees. Once an account has been placed for collection, you will no longer be able to receive treatment from any of the physicians at Sound Spine and Joint Physicians.

## **PAYMENT OPTIONS**

We accept cash, checks, Visa/MasterCard/Discover, and money orders for payment. We charge a \$35.00 NSF fee for any returned checks.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. A copy of this policy is available upon request. Please note that this agreement is valid until your account is settled or paid in full.

I have read and understand the Puget Sound Spine & Sports Medicine, PLLC Financial Policy and agree to abide by its guidelines. Additionally, I hereby assign all eligible medical benefits to which I am entitled to Puget Sound Spine and Sports Medicine, PLLC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.