

PUGET SOUND SPINE & SPORTS MEDICINE - FINANCIAL POLICY

We thank you in advance for taking the time to review and to understand our financial policy.

GENERAL POLICIES

Puget Sound Spine & Sports Medicine, PLLC is not contracted with health insurance and will not send bills to your private health insurance carrier. We accept Personal Injury Protection and Washington State workers' compensation claims. 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.**

SELF-PAY

Payment in full for each visit is expected at the time of service. It is the patient's responsibility to communicate any financial hardship or other factors preventing payment at the time of service.

If you have health insurance we do not accept, you may file a claim with your insurance for reimbursement and we can provide necessary coding information to assist you with this process.

MOTOR VEHICLE ACCIDENTS (MVA) & PERSONAL INJURY PROTECTION (PIP)

We will bill the first-party Personal Injury Protection (PIP) insurance carrier until your benefits are exhausted, your insurance stops paying, or your claim closes. Except in the case of a motor vehicle versus a pedestrian or cyclist, we do not bill third-party insurance claims.

If your PIP benefits exhaust or if a balance is not paid by the carrier within 45 days, the bill becomes your responsibility and full, prompt payment of any outstanding balance is required. In the event that your PIP claim exhausts or denies coverage for any reason and you are not able to pay in full at the time of service, a payment plan may be arranged with our office upon request.

We require all patients with MVA-related claims to sign a Letter of Guarantee (LOG). If you are working with an attorney, 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, you or your attorney are agreeing to 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 and contact information of your claim manager prior to your first visit in order to bill the workers' compensation insurance carrier. If this information is not provided in a timely manner or your claim is not open and allowed at the time of service, you will become responsible for any outstanding charges.

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-Shows" 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 reaching out to make an appointment 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 Puget Sound Spine and Sports Medicine.

PAYMENT OPTIONS

We accept cash, checks, Visa/MasterCard/Discover/American Express, 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 understood 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.

Responsibly Party Signature: _____ **Date:** _____

Responsible Party Name Printed: _____