



**MARYLAND PAIN & WELLNESS CENTER, P.A.,**  
**PATIENT FINANCIAL RESPONSIBILITY STATEMENT**

Here at MARYLAND PAIN & WELLNESS CENTER, we are committed to providing you the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy or your responsibility.

- All patients must complete our “Patient Registration” form before seeing the doctor at least once every year. We must have copies of your insurance cards. Please notify one of our registration personnel if you have any changes in your insurance as soon as possible in order to keep your account from being billed incorrectly.
- All patients without proof of insurance are responsible for full payment at time of service. Failure to present payment at time of service may result in being rescheduled. Up to 44% discount will be offered to patients without insurance with payment made in full at time of service.
- We accept cash, check, debit cards, MasterCard and Visa for your convenience.

**Insurance**

If your insurance is one with which we participate, payment of any co-payment is due at time of service. Failure to have your co-payment may result in your appointment being rescheduled. Please know that co-pay amounts cover the office visit and physician services only. Office personnel can only estimate potential costs and cannot guarantee any final costs until all documentation has been reviewed. You may receive a statement for additional expenses.

Insurance is a contract between you and your insurance company. It is your responsibility to know your insurance policy benefits. We will verify your insurance coverage prior to your appointment. In the event your insurance cannot be verified or additional information is needed you will be contacted by phone prior to your visit. All patients without verified insurance are responsible for full payment at time of service. Failure to present payment at time of service may result in being rescheduled. Up to **44%** discount will be offered to patients without insurance, with payment made in full at the time of service.

We will not become involved with disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance or other matters regarding re-imbusement.

**Precertification**

It is your responsibility to be aware of your insurance company’s precertification requirements and alert us prior to any outpatient procedures or hospitalization. Failure to do so may result in partial or complete denial of benefits if your insurance company subsequently determines the services not to be payable.

**Referrals**

Should your insurance require a referral for you to see a specialist or for you to go to another facility, you must obtain this information prior to your appointment. Our office will not back date referrals. It is your responsibility to know your insurance requirements on in-network providers. Be sure the provider you are being referred to is in your insurance network. If not, please inform your provider so changes can be made prior to any appointments.

**Statements**

After we have heard back from your insurance, you will receive a statement if there is a balance due. Payment is required immediately. Unpaid statements may lead to all past and present visits to be paid before seeing one of our providers. If an account balance goes unpaid for 90 days your account may be referred for collection processing with an outside agency.

**Returned Checks**

All returned checks are subject to a \$25 return check fee. If a check is returned, all payments will need to be done in cash, MasterCard, Visa, debit card, money order or cashier's check for up to one year.

**Divorce**

If you have or are now involved in a divorce, please understand that, legally, we are not part of the divorce and are not binding to any divorce decree issued by a court of law. The person that presents themselves for treatment is responsible for payment of the medical bill. If your divorce decree states your exspouse is responsible for all medical bills, then you must pay us at the time of service and seek payment from your ex-spouse per terms of your divorce decree.

**Worker's Compensation**

If you are covered by worker's compensation, your company should call and make an appointment and discuss the payment situation. Authorization is required.

**Motor Vehicle Accidents**

If you are being seen for injuries related to an auto-accident, we will contact your auto insurance carrier to verify coverage. If your auto insurance carrier cannot verify payment will be made for your visit, you will be responsible for payment in full prior to being seen.

**Forms Fees**

Completing insurance forms, copying medical records, and other associated tasks requires office staff time and time away from patient care for our doctors. We require pre-payment for completing forms, copying medical records, notarizing, or for extra written communication by the doctor. The charge is determined by the complexity of the form, letter, or communication and as permitted by the Maryland Board of Physicians.

**Payment Arrangements**

Payment arrangements may be available for services. Please ask to speak with front office personnel or financial counselor for the practice. We are happy to review financial options with you.