



SURGICAL SPINE
ASSOCIATES

www.surgical-spine-associates.com
Phone: 412-275-0227 Fax: 412-291-2111

PATIENT FINANCIAL POLICY

Surgical Spine Associates (SSA) is committed to providing you with the best possible care and will be happy to discuss questions regarding our policies, fees or your responsibilities at any time. A clear understanding of the "Patient Financial Policy" is important for the entire scope of your care.

All patients must complete our "Patient Information Form" **before** seeing a provider. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance, phone changes etc...)

INSURANCE: As a courtesy we will file your insurance claims. We will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges. We will supply factual information as necessary. We do provide expert opinions in workers compensation cases as a separate service.

REGARDING HMO'S, PPO'S AND MANAGED CARE PROGRAMS: It is your responsibility to obtain referral forms required by your particular insurance company. We will do our best to remind you when a referral is due, but ultimately you are required to keep track of the referrals on hand. If you present to the office without a current referral you may be rescheduled. If you are seen without the referral you will be responsible for the bill.

COPAYS: You are expected to pay your co pay prior to seeing your provider. If you are unable to pay, you may be required to reschedule your appointment.

REGARDING PATIENTS WITH NO INSURANCE: We will set up payment arrangements for office visits and for surgical procedures. Therefore if you do not have coverage you will be required to pay for your service in full on the date of the appointment unless prior arrangements have been made. We accept credit cards, money orders and cash payments for your initial evaluation. We will not accept **PERSONAL CHECKS** for the initial evaluation.

REGARDING MEDICARE: Our providers participate with Medicare. We will file all claims with your Medicare and your supplemental insurance, if applicable. If you do not have a supplemental insurance you will be responsible for the co-insurance and/or deductible amount following the processing of your claim.

MEDICAL RECORDS/FORM COMPLETION: A charge of \$20.00 is due before the forms will be completed. (Disability, FMLA, Physician statements, etc.).



WORKERS COMPENSATION: Our office requires verification of your claim prior to the initial visit. You are also to provide us with any other health insurance coverage in case your workers compensation denies the services. If you do not have health insurance coverage you will be asked to self pay for claims denied by your workers compensation claim.

AUTO LIABILITY: Our office requires verification of the claim prior to the initial visit. You are also required to provide your health insurance coverage. If you do not have health insurance coverage, we will not be able to schedule an appt. In the case that your do have health insurance coverage and it terms you will be responsible to self pay for claims not covered by your auto claim.

COPAYS/DEDUCTIBLES/GUARANTOR RESPONSIBILITY: Our office requires payment in full for any balance not paid by insurance within three months from the date of service. If you are unable to pay our balance in full it is the patient's responsibility to make arrangements with our billing office.

RETURNED CHECKS: There is a \$30.00 returned check fee payable in cash or money order.

NO SHOW APPOINTMENTS: You are expected to show for the appointments made for you to adequately provide care. Failure to provide notice (of 24hrs for office visits) that you will not be keeping your appointment may result in a delay

By signing this from I acknowledge that I have read this policy and understand the terms outlined above.

Patient Name (Please print)

Patient Signature

Date