



A P M I

Advanced Pain Medicine Institute

Reza Ghorbani, MD, ABIPP, FIPP

President and Medical Director

We are pleased that you have chosen our practice for your medical care. We are committed to providing you with the highest quality of care, and in order to do so we have very specific financial policies that we want our patients to understand. The following information reflects our expectations of the financial partnership between the practice and our patients.

Insurance, Worker Comp, and Personal Injury

The practice participates with most insurance plans. It is the patient's responsibility to supply all current insurance cards, worker's compensation, or attorney information. If you fail to provide or update the information, payment in full for each visit is required until we can verify coverage.

I understand it is my responsibility to provide current health insurance, workers compensation and attorney information at the time of service. _____

Deductibles, Copayments, Reimbursement

Most health plans have an annual deductible, and a copayment per visit. Deductibles will be billed to the patient once the practice has received payment from your health plan. Copayments are due at the time of service and may be paid with cash, or credit card. Patient who prefer to pay out of pocket for procedures with active insurance will be responsible for contacting their insurance company for reimbursement. No refund will be given from APMI.

I agree to pay all copayments at the time of service, and to pay all other patient balances upon receipt of the statement. I also understand the reimbursement policy. _____

No Show Fees

The practice charges **\$25.00** for all missed office appointments and **\$200.00** for all surgery appointments. The fee is due upon receipt of the statement. To avoid missed appointment fees, please contact the office 24 hours prior to your scheduled appointment to make any cancellations or schedule changes.

I have been notified that I will be charged a \$25.00 for any missed office appointments and \$200.00 for any missed surgery appointments. I agree to pay this fee upon receipt of the statement. _____

Long Term Disability

Dr. Ghorbani does not complete Long Term Disability Forms. These forms must be completed by your Primary Care Physician (**PCP**). _____

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