



FINANCIAL POLICY

Dr. Rajiv Sood & the staff at Spine & Orthopedic Center believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our updated financial policy.

- 1. PAYMENT** is expected at the time of your visit. We accept cash, check, or credit/debit card. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance payment in full is expected at the time of your visit.
- 2. INSURANCE** We are participating providers with several insurance plans. A list of these insurance plans is available upon request. Please remember that insurance is a contract between the patient and the insurance company and you, the patient, are ultimately responsible for determining our participation status with your plan, knowing your benefits, and payment. We will verify insurance as a courtesy and will be collecting based off the information available to us. Due to the many different insurance companies and plans, our staff cannot guarantee your eligibility and coverage.
- 3. RETURNED CHECKS** will incur a \$50.00 service charge.
- 4. NO SHOW FEES** Should you need to cancel or change your appointment, we ask that you do so with 24 hour (business days) advanced notice. Failure to do so will result in a \$35.00 no show fee or late cancellation fee. No show or late cancellation for a procedure will result in a \$75.00 fee. Repeated incidents of no shows/late cancels will be discharged from the practice.
- 5. FORMS FEES** Completing forms (insurance, disability, FMLA, etc..) & copying medical records requires office staff and doctors time. We require pre-payment for completing forms, copying medical records, and notary services. The charge is determined by the complexity for the communication.
- 6. BALANCE BILLING** Dr. Sood & the staff at Spine & Orthopedic Center understands that billing and collection efforts in the past have not been regular and that this financial policy may be new to many patients. Statements will be going out on a monthly basis going forward. After 3 statements if payment is not made on the account, the account will be at risk of being sent to an outside collections agency. We understand that everyone faces difficult financial times and are will and able to work with our patients on payment arrangements and plans. We will also be happy to offer discounts on accounts paid off in full.

A representative is available in office to answer any questions you may have regarding patient accounts or payment arrangements at 770-473-0038 ext. 101.

I have read and understand the Financial Policy of Spine & Orthopedic Center, PC and consent to treatment and agree to all outlined policies.

Patient Signature: _____

Patient Printed Name: _____

Dr. Rajiv Sood

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