

**ISPINE SPORTS MEDICINE/ PAIN MANAGEMENT
TWILIGHT ANESTHESIA PAIN MANAGEMENT CONSORTIUM**

Financial Policy

During the course of treatment by ISPINE SPORTS MEDICINE/PAIN MANAGEMENT/ TAPMC, charges will be accumulated and routinely filed with your insurance company. Charges not covered by your insurance company. Charges not covered by your insurance company patient co-pays deductibles and co-insurance will be your responsibility and are due at the time of service.

If your insurance company requires a "referral" from your primary care physician, you will need to contact PCP for the referral. Treatment provided by this office without the required referral will serve as your consent for treatments not covered by insurance and will be payable at the time of service.

() I certify that I have no insurance and will be solely responsible for payment in full.

() I certify that the insurance reported to ISPINE SPORTS MEDICINE/PAIN MANAGEMENT/ TAPMC is a complete listing. I understand that the office will not extend credit on, or submit a claim for any insurance not reported at the time of service.

() I certify that charges will be protected by an LOP provided by my attorney also understand that, if for any reason, I no longer have attorney representation, that I become fully responsible for all charges incurred. I understand that any claim not paid for my insurance within 60 days from the date filed, will become my responsibility and payable upon billing.

RE: Divorce and Separated Parents:

The adult accompanying the child patient shall be held responsible for that child's medical expenses. With payment expected at the completion of the medical services.

It is NOT our office's responsibility to collect payment from absent parent, even though that person has been assigned responsibility for the child.

Authorization to release medical information:

I hereby authorize ISPINE SPORTS MEDICINE/PAIN MANAGEMENT/ TAPMC by my insurance company for any charges for services covered by the terms of my policy. I agree to cooperate, aid and assist the facility on procuring all possible insurance benefits including initiation and fulfillment of all policy provisions such insurance companies may require for payment.

NOTE: Supplies are considered cash transaction and payable at the time of service. We do not bill insurance companies!

I have read and understand the above information and hereby authorize ISPINE SPOTS MEDICINE/PAIN MANAGEMENT/ TAPMC to prescribe and provide treatment.

Print Name: _____

Date: _____