

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## OFFICE & FINANCIAL POLICIES FOR SIGNE SPINE & REHAB, LLC

### Payment for Services

Copays will be collected at check-in, as well as any balance due on the account. We will pre-collect the estimated patient responsibility amounts for any procedures and/or imaging services.

### Insurance

Insurance information will be updated once a year and we may request your card at each visit. Please notify of any change in carrier, coverage, or cards. Failure to disclose policy changes may result in claim denial and financial charges will become the patient's responsibility. The patient is responsible for knowing the benefits and limitations of their insurance plan.

### Referrals

Signe Spine & Rehab, LLC is a specialty practice. If your plan(s) require a referral from your primary care physician (family or regular doctor) for specialty services to be covered, please make sure one has been provided prior to your appointment. Patients who do not have a required referral can either reschedule or be self-pay.

### Copays, Deductibles, Co-Insurance, and Payment for Services

Any outstanding account balances will be collected at check-in. Many insurance plans require that we collect copays, deductibles, and coinsurances, and if these are unable to be paid at the time of service, a \$10 processing fee will be added. In addition, we will collect payments for any services that insurance does not cover at the time of service. Prepayment is required for any estimated costs for procedures, and/or imaging. Signe Spine & Rehab, LLC does not take secondary payer adjustments. If you have a Health Savings Account, Health Reimbursement Account, or Flexible Spending Account, we will provide documentation to receive reimbursement; however, payment is still required at the time of service. The patient is responsible for any copays, deductibles, coinsurances, and any other services that are not covered, including Durable Medical Equipment (braces, etc.) and drug screening.

### Uninsured Patients

Payment is due at the time of service unless a pre-arranged payment plan has been agreed upon between patient and practice, at which time a \$200 down payment will be required.

### Past Due Balances

Balances that are not paid within 30 days are considered in default. If your insurance company has not responded within 30 days, we may request your assistance in obtaining payment or request that you make payment. Balances not paid within 90 days will be forwarded to a collection's agency, and any associated fees will be added to your account. Any balances must be paid in full or subject to a payment plan before any additional services will be rendered.

### No Show and Late Cancellation Fees

If you cannot keep an office appointment, **cancellation must be made within 24 hours** or a **\$25 fee will be charged**.

Other fees for late cancellations/no shows include: **Office Visit No Show Fee: \$25** and **Injection/Procedure No Show Fee: \$150**.

### Disability or FMLA Forms

A **\$25 fee** will be charged for **EACH** form completed by our legal department and may take **up to 15 days** to process. Payment must be made, and the Claimant Information for Disability Benefits form must be submitted before any request is processed.

### Electronic Prescribing

Signe Spine & Rehab, LLC uses e-scribing and may access my prescription history to provide the most accurate medication list.

**I understand that as a patient of Signe Spine & Rehab, LLC. I will receive care and be seen by all providers within the practice.**

**I understand that I am financially responsible for account balances, copays, deductibles, coinsurances, and any services that are not covered, including DME, and drug screening. I understand that I will be charged a fee for any missed appointments or late cancellations. I understand there is a fee for medical records, imaging, disability or FMLA forms.**

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## **NOTICE OF PRIVACY PRACTICES AND HIPAA PRIVACY AUTHORIZATION**

The privacy rights and practices of Signe Spine & Rehab, LLC were established to protect the privacy of our patient's medical records as required by Section 164.520 of the Health Insurance Portability and Accountability Act of 1996. This restricts the release of your medical information to the purpose of treatment, payment, and healthcare operations. This law allows the types of agencies listed below to disclose your medical records.

**The release of healthcare information to any other source is prohibited without written consent of the patient or guardian.**

- Hospital
- Coroner/Funeral Director
- Surgical Facility
- Judicial Proceeding
- Law Enforcement
- Public Health or Safety Threat
- Report Abuse or Neglect
- Physician Training
- Physical Therapy
- Pharmacy
- Worker's Compensation
- Health Insurance Company
- Physician Consultant
- Lab Testing Facilities
- Health Inspection
- Military/Veteran's Affair

**You have the right to:**

- Request restrictions on certain uses and disclosures of your medical records
- Inspect and request changes to your medical records.
- Obtain a copy of your medical record.
- Find out what disclosures of your records have been made.
- Receive confidential communications.
- Ask questions about the privacy policy or file a complaint with the Practice Manager without fear of any reprisals if you believe your privacy rights have been violated.

**Please indicate the following to assist us in ensuring the privacy of your medical records.**

1. I give my permission for Signe Spine & Rehab, LLC to leave messages concerning my medical records and appointment reminders on the following (please check all that apply):

YES NO

YES NO

Text Message			With Family Members		
Cell/Home Voicemail			Work Voicemail		
Email			Chart Sharing		

2. I consent to receive calls from Signe Spine & Rehab, LLC concerning healthcare information at the phone numbers provided. I accept financial responsibility for charges by my phone carrier for these calls. I understand this consent is not required to be a patient, and I may revoke it at any time. YES NO
3. Can you be contacted at your place of employment? YES NO
4. The following people have my permission to speak with Signe Spine & Rehab, LLC regarding my medical records and financial account.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

5. Electronic prescribing shows all medications a patient has received within the last 13 months, which enhances safety and reduces errors. This service is permitted and protected by HIPAA.

Signe Spine & Rehab, LLC is required by law to abide by the terms outlined in this notice. However, Signe Spine & Rehab reserves the right to change the terms of this Privacy Notice and make the new provisions effective for all protected health information that we maintain. Any changes to this notice will be posted and distributed. For additional questions or to report a problem, please contact our Practice Manager at 843-730-4124.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_