



Kanuru Interventional Spine & Pain Institute

Ramesh P. Kanuru, MD FACA
Board Certified in Pain Management

Financial Policy

The **Kanuru Interventional Spine & Pain Institute** is committed to providing you with the best possible care. If you have medical insurance, we will assist you in receiving the maximum allowable benefits.

Payment for services is due at the time of services are rendered unless payment arrangements have been approved, in advance, by our staff. We accept cash, check, Visa, and MasterCard. We will provide an itemized statement to file with your insurance or file the claim for you. When we are contracted with your insurance plan, we will collect according to the guidelines of your plan. We will collect co-payments, deductibles and co-insurance owed by you, our patient at the time of service. **Any co-payments, deductibles and co-insurance not collected at the time of service will be due within 30 days of the time of service unless payment arrangements have been approved, in advance, by our staff.** If a payment arrangement is not honored you will be discharged from this practice and your account may be forwarded to a collection agency.

We will discuss your proposed treatment and answer questions relating to the filing of your insurance. We would also like to remind you of the following:

- Your insurance policy is a contract between you, your employer, and the insurance company.
- Our fees are generally considered to be within the acceptable range by most companies and therefore are covered up to the maximum allowable determined by each carrier. This statement does not apply to companies who reimburse on a usual and customary schedule of fees, which bear no relationship to the current standard, and cost of care in this area.
- Not all services are covered benefit in all contracts such as routine office exams or home health visits. You will be responsible for these charges.
- If you participate in managed care plan where a referral from your primary care physician is required, it is your responsibility to provide our office with that referral at the time of your visit.

We must emphasize, as your healthcare provider, our relationship is with you and not with your insurance company. While the filing of insurance claims is a courtesy, we extend to our patients. All charges are the patient's responsibility from the date the services are rendered. **If we are not paid by your insurance company within 60 days, the full balance becomes due and payable by the patient at that time. The patient will be reimbursed after our office receives payment from your insurance company.** If payment arrangements have not been made, the full payment is not received 60 days after the date of service; your account may be turned over to an attorney or collection agency.

I, _____ have read and understand the above financial policy. I understand that I am ultimately responsible for the balance on my account for professional services rendered by the **Kanuru Interventional Spine & Pain Institute**. I understand that if my account should be sent to collection or require litigation; I will be responsible for any and all legal or collection cost and/or attorney fees incurred. I understand my financial responsibility to the **Kanuru Interventional Spine & Pain Institute** as described in this document.

SIGNATURE OF PATIENT/ GUARDIAN

DATE

3445 Ridge Road
Highland, IN 46322
www.painkanuru.com

Visit us at one of our 4 convenient locations
1551 S Sturdy Rd
Valparaiso, IN 46383
Phone: (219) 838-1100

519 N Halleck St
DeMotte, IN 46310
Toll Free: (866) 656-1100

9301 Connecticut St
Crown Point, IN 46307
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