



## Financial Policy

### *IT TAKES A VILLAGE*

Thank you for choosing It Takes a village Pain management Practice of New York ( ITAV) for management of your pain. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our patients' financial responsibility is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

#### **Co-pays**

The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of check-in unless previous arrangements have been made. We **accept cash, check, money orders or credit cards. Absolutely no post-dated checks will be accepted.**

#### **Insurance Claims**

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.



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### **Self-pay Accounts**

Self-pay accounts are patients without insurance coverage or patients without a current insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with information provided to us by the patient, the patient will be considered self-pay until the correct information is provided. Self-pay patients will be required to make payment arrangements for their balance. Extended and modified payment arrangements are available if needed, but the minimal monthly payment is \$100.00, unless the balance is of a lesser amount.

### **Workers' Compensation and Automobile Accidents**

We provide treatment for established patients for both work-related injuries and automobile accidents. The patient is responsible for providing us with timely billing information for treatment of these injuries. For the first visit for a work-related injury, we must have the name and phone number for your employer so that we can contact them to get approval for treatment. For treatment for an automobile accident injury, we understand you may not have complete insurance information at the time of your first visit. However, it is the patient's responsibility to provide this information to us as soon as possible. Without this and any other necessary information, the patient will be responsible for the charges.

### **Missed Appointments**

If you need to cancel an appointment, we ask for at least a 24-hour notice. This allows us to offer the appointment to another patient. If you fail to keep your appointments without letting us know in advance, you may be discharged from the practice so that we can provide care to other patients. If you are more than 15 minutes late for an appointment, we may reschedule your appointment.

**Returned Checks.** Returned checks will be subject to a \$25 returned check fee.

### **Minors**

The parent(s) or guardian(s) are responsible for full payment.

### **Outstanding Balance Policy**

Payment in full is expected on receipt of your billing statement. The statement will reflect the amount you owe after your insurance, if any, has processed your claim. If no resolution can be made within thirty (30) calendar days, the account will be sent to the collection agency and discharge from the practice may be initiated.



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This financial policy helps the office provide quality care to our patients. If you have any questions or need clarification of any of the above policies, please contact us.

**Medical Record Copies**

A nominal fee, if recommended by the State of New York may be charged for copies of medical records.

**Statements.** Charges shown by statement are agreed to be correct and reasonable unless protested in writing within thirty (30) days of the billing dates.

I have read and understand the financial policy of ITAV Pain Management and I agree to abide by its terms. I hereby assign all medical and surgical benefits and authorize my insurance carrier (s) to issue payment directly to ITAV Pain management. I understand that I am financially responsible for all services I receive from ITAV Pain management. This financial policy is binding upon you and your estate, executors and/or administrators, if applicable.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.