



## FINANCIAL POLICY

To All Patients,

The intent of this document is to inform you of Advanced Pain Solutions' Financial Policy. It is our objective and philosophy that all our patients receive the best possible care and service. Therefore, your complete understanding of our financial policy as it relates to your financial obligation is essential. Please read this document thoroughly and sign stating that you have read, understand, and will comply with the information contained within this document.

- Advanced Pain Solutions will file claims to insurance companies on behalf of the patient as a courtesy service. However, the insurance contract is between the patient and the payer, and ultimately the patient is financially responsible for all charges not subject to the contractual arrangements. This includes co-pays, deductibles, co-insurances, non-covered services, and denied claims. Payments are due at the time of service. Bills that are not paid within 90 days will be sent to collections unless arrangements have been made with the billing department in advance.
- Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.
- There may be additional charges applied to your account if Advanced Pain Solutions is asked to participate in a Deposition, Phone Consultation, fill out Disability paperwork, copying of medical records or completion of forms pertaining to your medical history. There is a \$25 fee for medical record requests. Payments for these records will be collected prior to records being released. If applicable, a complimentary copy of your records will be sent to the physician of your choice.
- Advanced Pain Solutions accepts cash, personal check, money orders, Discover, MasterCard, and Visa. A \$35 fee will be assessed for any check returned for insufficient funds. At that time only cash, charge, or money order will be accepted for payment
- Advanced Pain Solutions reserves the right to turn any account over to collections if it is deemed that the account has been in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collection fees, including attorney's fees, incurred by us enforcing the terms hereof, whether or not formal legal proceedings are commenced.
- If you must cancel an appointment, Advanced Pain Solutions requires a minimum of 24 hour notice. Failure to give 24 hours cancellation notice or failure to keep your **scheduled** appointment will result in a charge of \$50.00. Continued missed appointments may result in dismissal from our practice.

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(Please Print name)

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(Date)

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(Signature)