

PAIN MEDICINE INSTITUTE, PLLC

**FINANCIAL RESPONSIBILITY POLICY**

**WELCOME**

Pain Medicine Institute, PLLC welcomes you. Our goal is to bring you relief from your pain by providing the highest quality of health care. Please take a few moments to read our financial responsibility policy.

**MISSED APPOINTMENTS**

There will be a \$50.00 "no show" fee assessed for missing a scheduled appointment. This fee will be waived if the appointment is cancelled or rescheduled at least 24 hours in advanced. There will be a \$75.00 "no show" fee assessed for missing a scheduled procedure. This fee will be waived if the appointment is cancelled or rescheduled at least 48 hours in advance. Please cancel or reschedule appointments during business hours only. Please do not leave cancellation or rescheduling messages with the answering service.

**CHARGES**

Charges for services, including office visits and procedures are based upon the severity and complexity of your care. Regardless of your medical insurance coverage, our practice relies on you to settle your account. **You are completely responsible for all services rendered on your behalf.**

- Self-pay and co-pay patients must plan accordingly in order to pay their portion of services at the time services are rendered.
- PIP (personal injury protection) and LOP (letter of protection) unpaid balances are the patient's responsibility.

**INSURANCE**

***Private/Government Insurance***

Our billing company will file an insurance claim with your private or government carrier. You are responsible for the following:

- Co-payments, deductibles, coinsurance, or services not covered by contracted carriers. These amounts will be billed to you once insurance has processed your claim.
- Any balance remaining between our charge and the insurance payment from a non-contracted carrier. Please contact your insurance carrier if you are unsure of your insurance plan's relationship with our practice.
- If the insurance company is unable to process a claim due to missing information from you, you are responsible for the bill.

***Workers Compensation***

Upon receiving workers compensation information from you, our billing company will file an insurance claim with your employer. If your employer denies our claim, we will file your claim with your health insurance carrier, if that information has been provided. Involvement of legal counsel will not mitigate your responsibility for your charges. You are ultimately responsible for assuring payment of your care.

***Third Party Liability***

Due to unforeseeable delays in our legal system, your claim may or may not be paid timely. Initially we will file your claim with your liability insurance carrier. If they do not pay, we will file with your health insurance carrier if that information has been provided. Please remember that you are responsible for paying for your care.

***Disability Claim Forms and Dictated Letters***

There may be a fee for completing these types of forms.

***Unpaid Balances***

Please note that return visits may be delayed if unpaid balances are not resolved in a timely manner. Ultimately, unpaid services may result in your being dismissed from this practice.

**THANK YOU**

We are committed to providing you the highest quality health care and hope you find all of your visits beneficial.

I acknowledge receipt of this policy: \_\_\_\_\_ (Patient) Date: \_\_\_\_\_

Witness: \_\_\_\_\_ (PMI Staff) Date: \_\_\_\_\_