THE PEAK
PHYSICAL MEDICINE

Patient Payment Policy

Payments: We accept cash, check, Visa, MasterCard, or Discover. All insurance co payments, co insurances and deductibles will be collected at the time of service prior to treatment. If you do not have your payment(s), your appointment may be rescheduled, and a cancellation fee charged. Statement balances are due prior to your next appointment. We DO NOT make payment arrangements and all balances are due in full.

Cancellations: Please notify us at least 24 hours in advance if you need to cancel or change your regular in office appointment and 3 business days for injections and EMG's. There will be a $40.00 charge for regular appointments and a $100.00 charge for injections and EMG's in the event that you do not show up at your scheduled appointment time. Notification allows the doctor to care for another patient during that time. This fee is the patient's responsibility, we do not bill insurance companies, workman's compensation or auto liens for cancellation fees.

Forms and Letters: Letters completed on your behalf will be charged at a rate consistent with the doctor's time spent creating the letter. This service is PRE PAY only. The fee for forms and letters is $15.00 per page. (ex: disability, FMLA, work releases etc.)

Workers Compensation: If your claim is denied you will be responsible for payment in full. Outstanding balances follow the same guidelines as mentioned above.

If you have health insurance coverage: As a courtesy to our patients, we will submit your insurance claim(s), however**, we must emphasize that as medical providers, our relationship is with you and not your insurance company.** Although we attempt to verify benefits with your insurance policy, please be advised any quote of benefits provided by your insurance company is considered a general overview, and only a guideline until final coverage determinations are made and payment is received. We will submit a claim to your secondary insurance as a courtesy one time. If your claim is not paid within 45 days, the balance will be transferred to you and it is your responsibility to contact your secondary payer.

This office makes **NO** guarantee of benefit

- It is your responsibility to inform us of any changes to your insurance policy so that your coverage can be re-verified prior to your appointment.
- Not all services provided in this office are a covered benefit under all insurance plans.

- If your insurance policy requires a referral of any type, it is your responsibility to have that referral sent to our office prior to your appointment. Without an appropriate referral you are solely responsible for payment.
- It is your responsibility to be aware of what service(s) is being provided to you and if it is a covered benefit under your insurance policy. You are responsible for any non-covered or denied service by your insurance policy.
- Most insurance companies require preauthorization before you can have an EMG, BOTOX, Synvsic, any type of injection etc. Failure to obtain preauthorization may result in refusal of payment by insurance and becomes your responsibility.
- We do not enter into disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement, or we are a participating provider.
- Our office does not participate with some insurance plans out of network and benefits may be different from in network benefits. We may be providers for some insurance companies, but we have respectively declined to accept patients with that plan. Please check with us before changing insurances.
- We use a third-party lab for Urine Drug Testing. This lab is not in network with all insurance companies. When selecting our lab, we chose the lab that was in network with most insurance companies. If you have any lab issues, please contact them directly.
- I authorize direct payment of medical benefits to The Peak Physical Medicine for services rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. If you have any questions about the information above, please do not hesitate to ask us. We are here to help you.

I have read and understand the Patient Payment Policy and agree to meet all financial obligations as outlined regardless of my insurance status. I acknowledge that these policies do not obligate The Peak Physical Medicine to extend credit.

Print Name: _____Date_____
Patient OR Parent/Guardian Signature: _____