



PAYMENT POLICY

Payment is due at the time services are rendered. We accept cash, check, Visa, MasterCard, American Express, and Care Credit. If any personal or insurance changes are made, please let us know upon arrival at the office. Failure to inform us of insurance changes could result in a denial of payment by your insurance company. If your insurance requires a paper referral, please bring it with you. **It is your responsibility to keep your referral current.**

All co-payments and deductibles will be collected at the time of service. It is the patient's responsibility to show proof of insurance deductible being met. Your insurance contract is between you, your employer, and your insurance company. **We are not a party to that contract.** Not all services are covered benefits in all contracts. Please remember that our professional services are rendered to you, not the insurance company, therefore, payment for treatment is ultimately your responsibility. We allow ninety (90) days for reimbursement from insurance companies. After ninety (90) days regardless of cause, the balance will become your responsibility.

I _____ understand that I am directly responsible and fully financially responsible to Advanced Pain & Spine Center/Functional Fitness for charges not covered, for any reason, by my insurance. I further understand that such payment is not contingent on any settlement, judgment, or insurance payment by which I eventually recover said fee. I realize that any co-pays, deductibles, or procedures not covered by my insurance or co-pay are my responsibility and must be paid at the time of the visit.

I further understand and agree that if I fail to make timely payments on my account, I will be responsible for any and all reasonable cost of collection, including filing fees, as well as, reasonable attorney's fees.

In the event of a returned check, there will be a \$30.00 fee which is payable in cash. The amount of the returned check will also be payable in cash.

Appointment Policy

Time is valuable to both you and us. We will make every effort to see you at your scheduled appointment times, but please remember that occasionally emergency situations do arise. If we are falling extremely behind schedule we will make every effort to contact you prior- to your appointment time.

Because we make every effort to provide you with an appointment convenient for you there is a \$10.00 charge for cancellation of appointments with less than twenty-four (24) hours notice. There will be a \$20.00 charge for failure to show up for a scheduled appointment without calling in advance to cancel or reschedule. These charges are not and will not be insurance billable.

All patients arriving 15 or more minutes late for their appointment will be taken on a walk-in basis.

Anyone under the age of 18 with a scheduled appointment must be accompanied by a parent or guardian.



I have read and fully understand the office policies and procedures of Advanced Pain and Spine Center/Functional Fitness. I agree to uphold my obligations as stated above by signing below. I have addressed any questions, comments, or concerns regarding the practice prior to signing this form.

Patient Signature

Date

APSC Team Member