Modified Feb 2018

PREMIER PAIN & SPINE

Release of Information & Financial Policy

Release of Information and Medical Records

You authorize Premier Pain & Spine, LLC or his/her designee(s) to release and disclose such medical records, information, and documentation as may be necessary or appropriate to process insurance claims and to obtain payment on your behalf. You also authorize the release of information acquired during your examination or treatment and all information pertaining to your history and progress in your case. This includes any alcohol or drug abuse data that may be protected by Federal Regulations - 42CFR Part 2. You agree that a photocopy of your original authorization shall be considered equally authentic.

You authorize the following family members or others whom may be involved in coordinating your care.

Name	Relationship
_____	_____
_____	_____

Marketing and Communications

You authorize and release the use and/or disclosure of medical information and reviews for marketing and communications. Protected Health Information could be used or disclosed as a story in a Premier Pain & Spine, LLC publication (print or electronic). Protected Health Information could also be disclosed to the news and media. Please initial if you decline: _____

Regarding Insurance

We cannot bill your insurance company unless you provide us with your insurance information and any special claim forms required by your insurance company. We accept assignment of insurance benefits. That means your insurance will pay us directly the amount due based upon your benefit coverage. By signing this form, you authorize assignment of your benefits to Premier Pain & Spine, LLC for treatment and related services. However, we do require, as your insurance benefits require, payment of co-pays, co-insurance, and deductibles at the time of service. Your insurance policy is a contract between you and your insurance company.

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. The federal government agency that administers the Medicare and Medicaid programs, has determined that except for certain circumstances, the discounting or waiving of a patient's co-pay or deductible is unlawful. Additionally, under the new HIPAA regulations, we are now not allowed to discount or waive patient's co-pays or deductibles as outlined by benefit plans offered by other third party payers. You are responsible for payment unless we are a participating provider for your insurance company.

Please know your benefits.

Please be aware that only your insurance company can tell you if the services provided are covered under your benefit plan. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. In the event that your account is turned over to an outside collection agency, you will be responsible for an additional 30% of the balance owed and/or all the attorney fees and costs incurred to collect the unpaid debt.

Those Insurance Plans in which we are a Participating Provider

If your insurance requires a referral, it is your responsibility to obtain a referral and always have a current one on file. All co-pays and deductibles are due at the time of treatment. Prior to seeking payment from you, we will work with these plans to obtain payment. After insurance pays we will send you a bill in the mail, if you do not pay your copay, you will be charged an administrative fee of $5 every month that it is not paid. In the event that your insurance coverage changes to a plan in which we are not a participating provider, refer to the paragraph below.

Those Insurance Plans in which we are NOT a Participating Provider

If your insurance company has not paid your account in full within 45 days of the billed date, the balance is your responsibility. Your assistance in collection from your insurance company may be required. If your plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment. If you do not have a referral to one of our providers, you will be asked to pay for the visit in full at the time of service or to reschedule the visit in order for you to obtain the required referral.

See backside please →

Patient Balances

Patients are responsible for full payment at the time of service if not covered by some other third party such as Medicare or Commercial Insurance. In order to continue to provide unparalleled pain intervention, we ask that our patients keep current in addressing balances.

- Balances up to $500 must be paid in full prior to appointment
- Balances $501-$1000 prior to appointment a payment of ½ the balance is required. The remaining amount to be paid through an automated payment plan for the following month
- Outstanding balances over $1001 requires approval from our Billing Supervisor, Tracy at (847) 519-4701 ext 111.

Cases Involving an Attorney

If you are receiving services for an auto accident, worker's compensation case or personal injury and you are working with an attorney; we expect a minimum monthly payment of $25 in order to continue treatment. We also require information relating to your group health coverage. Your health insurance and the appropriate auto carrier will both be billed at the same time. This procedure is necessary in order to have a claim on file with the health insurance in case the auto carrier does not pay or is exhausted at some point during your treatment. This procedure not only protects Premier Pain & Spine, LLC, but you as the patient.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a protective measure safeguarding patient privacy and confidentiality. By signing this agreement, I acknowledge that I have received information pertaining to my rights as covered under the Health Insurance and Portability and Accountability Act of 1996. Your bill of rights/privacy policy is available at every front desk if you would like to read it.

Same Day Appointments

As we are not a walk-in clinic, we do require patients to make an appointment at least 24 hours prior to their intended appointment date. If you are requesting to be added on to our schedule same day, we will do our best to accommodate your request. Please be aware that there will be a fee for a same day add on appointment that must be paid day of appointment.
Same day add on follow up: $30.00
Same day add on procedure: $50.00

Patient No-Show & Late Arrival Policy

At Premier Pain & Spine, LLC, we strive to meet and exceed expectations of all our patients and we are dedicated to providing you with the best care and services possible. We also strive to meet your needs by providing appointment times that best fit your schedule. Time is specifically reserved for you on our schedule when you make your appointment. When sufficient notice is not given to cancel or reschedule your appointment, it does not give us enough time to contact another patient who could come to clinic during your assigned time. This results in other patients not getting the care they need, when they need it. Because of the great need for our services and extensive waiting list, we have implemented the following No-Show and Late Arrival Policy.

Premier Pain & Spine LLC's policy states that 3 or more no-shows in a year's time is considered excessive. Patients who have no-showed 3 appointments within the preceding year have met grounds for dismissal from clinic. Patients are required to arrive 15 minutes prior to their appointment time for follow up appointments and 30 minutes prior to their appointment time for procedures. If you do not arrive at your arrival time, you may be canceled and asked to reschedule.

Patients who no show or cancel within 24 hours of appointment time are subject to the following fees:
$30 for a follow up
$50 for a procedure
$100 for larger procedures (Spinal Cord Stimulator Trial, Kyphoplasty, Discogram, Stem Cell)

I have read the above policies (or it has been read to me). I have had a chance to have all my questions answered to my satisfaction and understanding.

Patient's Name: _____ Date of Birth: _____

Patient's Signature: _____ Date: _____