

Financial Policy

Welcome to Center for Musculoskeletal (MSK) Care and thank you for choosing us as your health care center. Please understand that your insurance policy is an agreement between you and your insurance, not between your insurer and this center. The following is provided to enhance understanding concerning payment for professional services.

INSURANCE COVERAGE

In order to help you determine your responsibility toward payment for services, please read the following:

- Center for Musculoskeletal Care do not verify your insurance benefits. You need to call the number on the back of your insurance card for all inquires. You accept full responsibility to understand the benefit and reimbursement policies of your insurance company.
- It is your responsibility to provide us with accurate and current insurance information.
- Private Pay patient pays for all services, as they are rendered, and submit their own insurance claims.
- We are In-Network provider with Blue Cross/Blue Shield PPO plans, Blue Choice PPO plan, United Health Care and Aetna plans.
- We are Out-of-Network with all other insurance plans.
- Any unpaid amount becomes your responsibility 60 days after the insurance claim submission. If payment is not received within six weeks of the first statement date, the account may be sent to a third party collection agency.
- Active monthly payments are required. If you require payment arrangements, you must contact Center for MSK Care within two weeks of the first statement date.

You accept full financial responsibility for service rendered by Center for Musculoskeletal Care, including any amounts not covered by health insurance, any fees incurred, including but not limited to collection agency, legal or and other expenses incurred in the collection of past due accounts.

Payment is required for all co-pays, deductible, co-insurance and non-covered services, according to your In-Network Insurance Plan at the time of service. You are responsible for payment of all services your insurance carrier deems a service experimental, investigational, or unproven.

For Out-of-Network Insurance Plans, you are responsible for the payment at the time of service. We will provide you with a super bill and you can submit claims for reimbursement to your Insurance Plan carrier.

NON-COVERED SERVICES

Some of our rendered services may be non-covered services and not considered "reasonable and necessary" under the Medicare Program or other medical insurance plans. Therefore, it is our policy not to bill for services like acupuncture, massage therapy or nutritional supplements.

MISSED APPOINTMENTS AND LATE CANCELLATIONS

Our policy is to charge for missed appointment a rate of \$45.00, unless cancelled at least 24 hours in advance.

I have read, understand, and agree to this Financial Policy.

SIGNATURE

PRINTED NAME

DATE

RELATIONSHIP TO PATIENT (if minor)