Twin Cities Pain Clinic

Financial Policy

Our practice is committed to providing you with the best health care possible. It is your responsibility to understand your insurance plan benefits. This includes co-payments, co-insurance and any deductible amounts for the services you receive. We are happy to assist you with any questions you may have about your account or balance with us.

INSURANCE

As your medical provider, our relationship is with you. Your insurance is a contract between you and your insurance carrier. While insurance can be confusing, it is ultimately your responsibility to know your insurance plan. Not all services may be covered by your insurance plan. As a courtesy to you, we will file your claim in a timely manner. **You must present a valid health insurance card, photo ID and any co-payment or past-due balances at each visit. We accept cash, check, or credit/debit cards. We are also able to accept credit/debit card payments over the phone or online.** If your insurance has changed, you may need to pay the full cost of your visit. In these cases, we will assist you in obtaining reimbursement or credit from your insurer.

Twin Cities Pain Clinic verifies insurance benefits, however exact coverage and benefits cannot be determined until the claim is received and reviewed by the insurance carrier. I understand that this is not a guarantee of payment from the insurance carrier & all benefits are subject to the conditions and limitations of the plan and are subject to change. I understand that I am financially responsible for charges not covered by an assignment of benefits or for charges which the insurance carrier declined to pay. In accordance with the No Surprise Act, the Center will provide an estimate of medical items & services to any patient who does not have insurance or does not intend to use insurance for their care.

FORMS / APPEALS

Insurance covers only your medical care. It does not cover submitting forms that may assist you in collecting disability benefits and maintaining employment. There are fees for these services which reflect the resources diverted to the effort. Your insurance may not cover all treatments or medications. You may pay cash, forego treatment or appeal to your insurer. If you ask us to appeal, we may bill you an hourly rate as this is not medical care. When health plan denies some or all of the charges, Twin Cities Pain Clinic will attempt to appeal this adverse determination and will bill me for any amounts which remain outstanding after the appeals are exhausted.

REFERRALS

Some insurers require a referral from your primary doctor; refer to your medical policy. Please have your primary care provider send a referral prior to your appointment. Without a referral, insurers may require you to pay for your visit in full.

ASSIGNMENT OF BENEFITS

I authorize all insurance benefits to be paid directly to Twin Cities Pain Clinic, DBA Andrew J. Will, MD, PA. I authorize the release of all necessary information to file and complete all insurance claims.

ACCOUNT BALANCES

Payment for services is expected within 30 days of your first statement. Accounts that are 90 days past due will be sent to collections. This may impact your credit and you will be responsible for collection costs including court and attorney fees. Returned checks are subject to a $30.00 service charge.

MISSED AND CANCELLED APPOINTMENTS

Your appointment time is set aside specifically for you. If you are unable to keep an appointment, you are responsible for providing us with a minimum of 24-hour notice. Failure to do so will result in a $50.00 cancellation fee. This fee is not covered by insurance. You are responsible for paying this fee before you are allowed to schedule another appointment. Three (3) or more instances may result in discharge from the Center.

I FURTHER ACKNOWLEDGE:

- Twin Cities Pain Clinic may be a non-participating provider, status of which I have been informed of, and I have chosen to obtain services at this facility.
- Where contractual rates do not apply, patient & health plans may be offered discounts.
- Fees for anesthesia services & professional fees will be billed separately.
- This form is valid for 1 year form date of signature.

I have read and understand all information on this financial policy. I agree to its terms and assignment of benefits and release of information as described above.

With my signature I am also authorizing medical treatment to be performed by Twin Cities Pain Clinic.

Patient/Guardian Signature: _____ Date: _____

PRINT Patient/Guardian Name: _____