

Texas Interventional Pain Specialists

FINANCIAL POLICY

Thank you for choosing Texas Interventional Pain Specialists (TIPS). We are fully committed to providing you with excellent and affordable healthcare. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. Please read it thoroughly, and sign at the bottom. This agreement will be placed into your patient chart. If you would like a copy, we will be glad to provide you with one. And, of course, feel free to ask questions as they arise. Adherence to these policies will help keep your costs down.

HOW MAY I PAY? We accept payment by check, American Express, Discover, Visa or MasterCard. You may pay your bill in person, on our patient portal or through our third-party billing service.

INSURANCE: As a courtesy for our patients, we file insurance claims for covered medical services. We participate in most insurance plans, including Medicare. If you are not insured by a plan that we do business with, payment in full is expected at each visit. If you are insured by a plan that we do business with, but don't have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. If you are self-pay, payment in full is required at the time of visit.

WORKER'S COMPENSATION: You must complete and sign a "Worker's Compensation Case" form. It is your responsibility to bring this completed form with you along with all billing information for your account (carrier name and address, contact person, telephone number and claim number). This information must be provided to us prior to treatment. We will not accept a delay in payment due to a worker's compensation dispute and/or litigation. If that is the case, we require a payment plan until a decision is reached. At that time, if the decision is favorable to you, we will attempt to collect payment from them for any outstanding bills that pertain to the treatment of your injury. We will reimburse you for any payments made that your Worker's Comp claim backdates. If the decision is not favorable, we will bill your medical insurance. In the case that you do not have medical insurance, or it is past the time limit to file a claim with your medical insurance, you will be held accountable for your full balance.

AUTO/LIABILITY INJURY: If you are being seen due to a liability injury you must provide the following information for billing and verification of payment prior to treatment:

***Auto Accident:** if you were injured in an auto accident, you must complete and sign an "Auto Case" form and provide us with the name and address of the auto insurance company responsible, your agent/adjuster's name, telephone number, your claim number and date of accident. You must also state whether the auto insurance is primary to your medical insurance or not and the litigation status of your claim.

***Slip and fall, etc.:** you will be required to submit the info pertaining to your case i.e. lawyer's contact info, insurance company responsible and their contact info,

For any case, we will not accept a delay in payment due to a claim that is in dispute, under investigation and/or in litigation. If that is the case, we reserve the right to bill you or your medical insurance until a decision is reached. If your medical insurance denies payment due to an open Auto/Liability claim, you will be required to set up a payment plan and make payments until a decision is reached. If the decision is favorable, we will attempt to collect payment from them for any outstanding bills that pertain to the treatment of your injury. We will reimburse you for any payments made that your Auto claim backdates. Your medical insurance will be reimbursed, if they have made payments, once your Auto/Liability insurance has paid. If the decision is not favorable, we will bill your medical insurance if we have not already. In the case that you do not have medical insurance, or it is past the time limit to file a claim with your medical insurance, you will be held accountable for your full balance.

PROOF OF INSURANCE: We will ask for your insurance information when you make your first

appointment and will take a copy of your insurance card and driver's license at your first visit in order to verify proof of insurance. We require that you present your current insurance card upon check-in at each and every visit to ensure that our records are up to date before we file your claims. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

CO-PAYMENTS AND DEDUCTIBLES: We collect all co-payments, co-insurance and deductibles at the time of service. The collection of these amounts is part of your contract with your insurance company. Similarly, we are required to collect out of pocket obligations.

NON-COVERED SERVICES: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. We will provide you with an estimate of these costs should the issue present itself. We collect based on this estimate at the time of visit.

MEDICARE: We gladly accept Medicare patients and will bill our services at the allowed rate.

CLAIMS SUBMISSION: We will submit your claims to your insurance company as a courtesy and will assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. Please comply with their requests so that we can help you expedite any insurance claims. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

COVERAGE CHANGES: If your insurance changes, please notify us before your next visit so we can make the appropriate changes in our system to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the balance will be automatically billed to you.

BILLING POLICY: Invoices will be issued after we have received any applicable insurance benefits. Invoices are due within 15 days of receipt. If we have not received payment within this time period, we will call you to collect payment before sending a second bill. If no payment is made within 15 days of the second bill, we will charge your credit card for the balance. If you are having trouble paying your bill, please contact our office as soon as possible and they will be happy to work with you to address the balance. If no payment arrangements have been made, accounts with balances 60 days or older will be considered delinquent and will be subject to interest.

NONPAYMENT: Patients with an outstanding balance of 60 days or more overdue must make payment arrangements prior to scheduling future appointments. Chronic nonpayment may result in termination of physician services – please help us to avoid this.

PATIENT REFUNDS: Patient refunds are issued on the last Wednesday of each month. Any account that has outstanding claims/balances will not be eligible for a refund until these are satisfied.

MISSED APPOINTMENTS: *Appointments cancelled less than 24 hours in advance will be charged a \$100 fee for follow up visits and \$200 for any scheduled procedures. New patients will be charged \$200.00 if they do not show up to their first appointment and do not cancel on time. These fees are not covered by insurance. Please be considerate of our other patients and our physicians and cancel your appointments well in advance if not needed. These fees will be charged to your credit card without prior notice within 48 hours of the missed appointment.*

CREDIT CARDS: As of September 17, 2019, we require you to keep a credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information will be kept strictly confidential and will only be accessible through encrypted software. Payments to your card for visit fees will be processed to your card ONLY after the claim has been filed and processed by your insurer, and the insurance portion of your claim has been paid and posted to your account, in accordance with our billing policy stated above. According to your preference, we will call you 48 hours before your credit card is charged, or if you prefer, charge your balance to your credit card without a phone call if it is under \$200.00. We will either mail or secure message you an itemized receipt. We realize that temporary financial problems may affect your ability to make payments to your account. If problems do arise, please contact office at 832-960-7160 for assistance.

BILLING QUESTIONS: Please call our office at 832-960-7160 for billing questions, to make a payment, or to set up a payment plan. We will be happy to assist you.

I have read and understand the financial policy of Texas Interventional Pain Specialists and agree to its guidelines. I authorize the release of medical information necessary to process insurance carrier claims for treatment. I authorize medical benefits to be directly paid to Texas Interventional Pain Specialists. I understand that I am financially responsible for any treatment not covered by my health insurance carrier.

I authorize Texas Interventional Pain Specialists to charge the portion of my bill that is my financial responsibility to the following credit card/debit card/HSA card*****:

Credit Card Preference

Please call me 48 hours before charging my credit card for my balance.

Call me if my balance is over \$200.00, otherwise go ahead and charge my credit card for my balance if the amount is \$200.00 or less, and mail or secure message me the itemized receipt.

*****This information will be scanned into our computer system with the credit card information blacked out for added security.

Authorization for Insurance Billing

I hereby authorize Texas Interventional Pain Specialists (TIPS) to act as my agent to file a claim directly with my insurance company, and to act on my behalf to communicate with my insurance company. I understand that I will have to pursue any grievance relating to benefits and coverage issues myself directly with my insurance company.

If the insurance company has a contract with TIPS, I hereby authorize the insurance company to make any payments directly to TIPS which would otherwise be payable to me for services rendered by my provider at TIPS. I understand that I am responsible to pay non-covered services.

I hereby authorize TIPS to release to my insurance company any information acquired in the course of my treatment necessary to process insurance claims.

Patient Signature

Date