



OFFICE FINANCIAL POLICY – effective July 17, 2019

Our policy is to extend to you the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense and allows you to place your family under care.

- We will verify your insurance benefits prior to treatment, however, this is not a guarantee of payment. You are ultimately responsible for payment of treatment received; be sure you have read and understand your own insurance policy. MN Spine and Sport cannot discount or reduce fees. The fees are set by YOUR insurance company as reasonable and necessary. _____initial
- We mail patient statements around the 15th of the month. Payment for any insurance deductibles and/or coinsurance is required at that time. You may pay by check, cash or credit card. You also have the option of paying online at www.mnspineandsport.com. _____initial
- If a check is returned for any reason, you are responsible for the payment, bank fees and a \$50 processing fee. _____initial
- You are considered a cash patient until you bring in your current insurance card, and we qualify and accept your insurance coverage. If you choose to use your insurance for treatment, we cannot reverse our claim submissions. _____initial
- Our fees are considered usual, customary, and reasonable by most companies, and therefore are covered up to maximum allowance determined by each carrier. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees bearing no relationship to the current standard and of care in this area. _____initial
- If your carrier has not paid a claim in sixty (60) days of submission, you agree to take an active part in the recovery of your claim. If your insurance carrier has not paid within ninety (90) days of submission, you accept responsibility for payment in full of any outstanding balance and authorize us to use your credit card to collect full payment. If you do not have a credit card on file, your balance will be forwarded to a collection agency. _____initial
- If you discontinue care for any reason other than discharge by the doctor, all balances will become immediately due and payable in full by you, regardless of any claim submitted. _____initial
- I understand that MN Spine and Sport does not offer initial consultations at no charge. We do not discount or negotiate fees after services are rendered. _____initial

Patient Printed Name: _____

Signature: _____ Date: _____

For convenience, you may retain your credit card number on file with us.

Card #: _____ Exp. Date: _____ CVV#: _____

Name as it appears on the card: _____

Cardholder's Signature: _____