PATIENT FINANCIAL POLICY

COMPREHENSIVE PAIN & NEUROLOGY CENTER PLLC
RELIEVE PAIN AND RECLAIM LIFE

You are financially responsible for the medical services you receive at our clinic. Please review our policies below and sign at the end of the document indicating your agreement to these terms.

APPOINTMENTS

1. **COPAYMENTS**. Copayments for clinic visits are due at the time of service. If you are unable to pay your copayment at the time of service, Comprehensive Pain & Neurology Center reserves the right to reschedule your appointment until a time that you are able to make your copayment.

2. **ACCOUNT BALANCES**. Payment for services rendered is immediately due upon receipt of your monthly statement; payment is *not* due 30 days after receipt of your statement or at some other time in the future. Payment for any outstanding balance is due at the time of your appointment. We reserve the right to reschedule your appointment until a time when you are able to pay your balance.

3. **PROCEDURE PREPAYMENT**. Unless prior arrangements have been made, Comprehensive Pain & Neurology Center collects your payment for a procedure at the time when the procedure is scheduled. Your prepayment is based on an estimate of your expected financial responsibility. This is an estimate only. You are responsible for any unpaid balance after your insurance (if applicable) has been billed. In the event of overpayment, you may request a refund according to our refund policy, below. We reserve the right to reschedule your procedure until prepayment has been made.

4. **MISSED APPOINTMENTS AND LATE ARRIVALS**. If you are more than 15 minutes late, we may reschedule your appointment. If you are more than 30 minutes late, or if you do not show up to your appointment, you will be responsible for a missed appointment fee. Missed office visit appointments are subject to a $25.00 charge. Missed procedure or EMG appointments are subject to a $50.00 charge. These charges are your responsibility and will not be billed to any insurance carrier.

INSURANCE PAYMENTS

5. **FINANCIAL RESPONSIBILITY**. Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment-in-full for all medical services provided to you. Any charges not paid by your insurer will be your responsibility, except as limited by our contract (if any) with your insurance carrier.

6. **COVERAGE CHANGES AND TIMELY SUBMISSION**. It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit within which we must submit a claim on your behalf to your insurer. If Comprehensive Pain & Neurology Center is unable to submit your claim within this period because we have not been supplied with your correct insurance information or you have failed to respond to an inquiry from your insurer, you will be responsible for the charges.

7. **SELF-PAY**. If you do not have health insurance, or if your health insurance will not pay for services rendered by Comprehensive Pain & Neurology Center, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule (available from our front desk). Self-pay patients are expected to make payment in full at the time of service.

BENEFITS AND AUTHORIZATION

8. **INSURANCE PLAN PARTICIPATION**. We participate in many, but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned physician participates in your plan. If we are not in-network, out of network charges may have higher deductibles and copayments

9. **REFERRALS**. Referral and prior authorization requirements vary widely among insurance carriers and plans. If your insurance carrier requires a referral for you to be seen by Comprehensive Pain & Neurology Center, it is your responsibility to be aware of this fact, and to obtain this referral.

10. **PRIOR AUTHORIZATION AND NON-COVERED SERVICES**. Comprehensive Pain & Neurology Center may provide services that insurance plans exclude or require prior authorization. If insured, it is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. Comprehensive Pain & Neurology Center, as a courtesy to our patients, makes a good faith effort to determine if services we order are covered by your insurance plan, and, if so, whether or not prior authorization for treatment is required. If we determine that a prior authorization is required, while we may attempt to obtain such authorization on your behalf, it is ultimately your responsibility to do so under your policy of insurance.

11. **OUT-OF-NETWORK PAYMENTS**. If we are not part of your insurance carrier's network (out-of-network) and your insurance carrier pays you directly, you are solely responsible for payment and agree to forward the payment to Comprehensive Pain & Neurology Center, immediately.

ACCOUNT BALANCES AND PAYMENTS

12. **REASSIGNMENT OF BALANCES**. If your insurance company does not pay within a reasonable time, we may transfer the balance to you as your sole responsibility. Please follow up with your insurance carrier to resolve non-payment issues. Balances are due upon receipt of your monthly statement.

13. **COLLECTION OF UNPAID ACCOUNTS**. If you have an outstanding balance over 60 days old and have failed to make payment arrangements (or become delinquent on an existing payment plan), we may turn your balance over to a collection agency and/or an attorney, which may result in reporting to credit bureaus and/or legal action. Comprehensive Pain & Neurology Center reserves the right to refuse treatment to patients with outstanding balances over 30 days old. You agree to pay Comprehensive Pain & Neurology Center for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs.

14. **RETURNED CHECKS**. Returned checks will be subject to the current returned check fee and any bank fees incurred by us as a result. After one returned check, we will no longer accept checks from you.

15. **REFUNDS**. Refunds for overpayment or prepayment on cancelled procedures are made only after there has been full insurance and/or patient reimbursement for all medical services on your account. Please submit a written refund request and allow four to six weeks for your request to be processed. Send requests to: Comprehensive Pain & Neurology Center, PLLC, Attn: Billing Department, 2548 Rideout Lane, Murfreesboro, TN 3712.

16. **STATEMENTS**. Charges shown on your statement are agreed to be correct and reasonable unless protested in writing within twenty (20) days of the billing date.

AGREEMENT AND ASSIGNMENT OF BENEFITS

I have read and understand the Patient Financial Responsibility Policy of Comprehensive Pain & Neurology Center, and I agree to abide by its terms. I hereby assign all medical and surgical benefits and authorize my insurance carrier(s) to issue prepayment directly to Comprehensive Pain & Neurology Center. I understand that I financially responsible for all services I receive from Comprehensive Pain & Neurology Center. This financial policy is binding upon you and your estate, executors and/or administrators, if applicable.

Signed: _____ Date: _____