UNIVERSITY Pain Clinic

FINANCIAL POLICY

Patient Name: _____ Date: _____

Thank you for choosing University Pain Clinic Associates (UPCA) for your specialty health care. We are committed to providing you with the highest quality care. Your clear understanding of our Financial Policy is an important part of the provider/patient relationship. We are pleased to discuss our professional fees with you at any time and welcome any questions you may have.

All UPC patients must complete this Financial Policy, Patient Information Sheet and Consent for Treatment before being seen by the physician.

I fully understand that:

1. Payment is due at time of service. Adult patients are responsible for full payment at the time of service. Parents or guardians of a minor are responsible for full payment at the time of service. Even if I have insurance, I will be responsible for any amounts that are not paid by my insurance including co-pays, deductibles and non-covered services. If I am in doubt about my coverage, I realize it is my responsibility to contact my insurance provider to ascertain benefit levels.
2. Some insurance companies and health plans may determine (based on their own arbitrary guidelines) that a procedure is not "medically necessary" and the company/plan may not pay for the service. In this case, I recognize that I will be responsible for the payment. If I am in doubt about my coverage, I realize it is my responsibility to contact my insurance provider to ascertain benefit levels.
3. If my insurance company requires pre-certification or a referral in order to pay for services provided, it is my responsibility to bring such pre-certification or referral before or at the time of service. If I do not, I understand that I will be financially responsible for the total payment related to such services notwithstanding any statement by my insurance company that I am not liable for payment.
4. Medicare, PPO, PPOM, CHAMPUS and Worker's Compensation insurance companies may have specialized payment situations, co-pays and deductibles. Medicare Part B patients are required to pay an annual $110 deductible for medical services and 20% co-pay thereafter.
5. If I should default on payment for services, my account may be transferred to an independent collection agency, I may be designated as a credit risk, and for all subsequent visits I will be required to pay for services at the time of registration.

My signature below confirms that I have read this document, my questions, if any, have been adequately answered and I understand and agree to this Financial Policy.

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Signature of Patient/Responsible Party