



FINANCIAL POLICY

You are responsible for all charges you incur at Twin Cities Pain Clinic. We accept cash, check, and credit cards. We know that both cost and quality of care are important to you. Ask if you have questions about fees.

INSURANCE

As your medical provider, our relationship is with you. Your insurance is a contract between you and your insurer, which may not cover all your care. We will file your claim as a courtesy. You must pay any charges that are not reimbursed.

To prevent fraud, you must present a valid insurance card or claim, photo ID, and any applicable co-payment or past-due balance at each visit.

If your insurance has changed, you may need to pay the full cost of your visit. We understand your frustration and will assist you in obtaining reimbursement or credit from your insurer.

We can schedule your check-up conveniently after your physical therapy. Some insurers treat these as separate visits and require two co-pays.

MPAY- New billing service

We will require you to authorize your services with a credit card. We will bill your insurance company and after receiving an explanation of benefits charge your credit card any outstanding balances up to the authorized amount on the date of service. Please see inserted Brochure or contact our billing office prior to your first appointment with any questions regarding this billing service.

REFERRALS

Some insurers require a referral from your primary doctor; refer to your medical policy. Please bring the referral to your appointment. Without a referral, insurers may require you to pay for your visit in full.

FORMS/ PRIOR AUTHORIZATION/APEALS

Insurance covers only your medical care. It does not cover submitting forms that may assist you

in collecting disability benefits, maintaining employment, or prior authorization for certain medications. 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 will bill you an hourly rate as this is not medical care.

ASSIGNMENT OF BENEFITS

I authorize all insurance benefits to be paid directly to Twin Cities Pain Clinic, d/b/a/ Andrew J. Will, M.D., P.A. I authorize the release of all necessary information to file and complete all insurance claims.

UNPAID BILLS

Accounts that are 30 days past due will be assessed a late fee. You may also be responsible for collection costs including court and attorney fees. Returned checks are subject to a \$20 service charge.

MISSED AND CANCELLED APPOINTMENTS

Be respectful to other patients. If you cannot keep an appointment, please give us at least 24 hours notice, so that we can make this time available for other patients. We will charge a \$50.00 fee if you do not give us 24 hr notice (weekends not included).

I HAVE READ AND UNDERSTAND ALL THE INFORMATION ON THIS FINANCIAL POLICY. I AGREE TO ITS TERMS, AND TO THE ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION DESCRIBED ABOVE. WITH MY SIGNATURE I AM ALSO AUTHORIZING MEDICAL TREATMENT TO BE PERFORMED BY TWIN CITIES PAIN CLINIC.

(PATIENT/GUARDIAN SIGNATURE)

_____ DATE