



PATIENT FINANCIAL AGREEMENT

PLEASE READ THOROUGHLY AND SIGN BELOW

By consenting to receive treatment from Midwest Interventional Pain & Diagnostics, you agree to the following:

1. All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. If you would like to know the cost of a service, please inquire prior to treatment. You are responsible for knowing what services are or are not covered. **KNOW YOUR BENEFITS.**
2. **Upon check-in**, we will collect any deductible, co-pay and/or payments for any uncovered services as well as determined by insurance. We accept cash, check and most major credit cards.
3. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. **It is your responsibility to notify us immediately of insurance coverage changes. You may be responsible for any charges that occur from failing to notify us in advance.**
4. You are responsible for know if a referral from your Primary doctor is required. Always make sure you know what physicians are in your plan, what facilities are covered and what ancillary services you must use.
5. We will bill your insurance company once as a courtesy, but you are still ultimately responsible for payment for all services you receive. If your insurance company does not respond within 30 days, we will follow up with an inquiry on your behalf. If, however, your insurance does not respond within 60 days of claim submission, a statement will be sent to you. You should call your insurance to questions why the claim is not paid. Out office will assist you only after you have contacted your insurance.
6. Any unpaid charges over 90 days old may be turned over to an outside collection agency with an additional 40% collection agency fee. You are responsible for any collection fees, legal fees, or court costs incurred in the collections process. This agency will report your failure to pay to the THREE (3) national credit reporting agencies.
7. Cancellations: There will be a minimum charge of \$25.00 if the office is not notified at least one business day prior to your appointment date, so please contact the office during hours of 9:00am to 4:00pm weekdays, should you need to cancel. "No Show" patients will be charged a fee of \$80.00. Remember, this charge is not billable to your insurance company; this is your full responsibility.
8. We do not refill controlled substance over the phone to prevent any medical errors, therefore please be sure to have all prescriptions filled at the time of your appointment with your physician.
9. Returned checks are subject to a \$38.00 return check fee. We do understand temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that e can assist you in the management of your account.

Patient/Guardian Name

Patient/Guardian Signature & Date