



## PATIENT RESPONSIBILITY POLICY

Thank you for choosing Kirshner Spine Institute as your health care provider. We understand that complex insurance coverages, billing processes, and medical/legal policies can be confusing especially at stressful times when you are seeking medical care for yourself or a loved one. The information below should answer your questions. We need you to read and sign this document confirming that you understand this material prior to treatment by the Kirshner Spine Institute (KSI). If you have any questions, please let us answer them before you proceed.

### WHEN YOU ARRIVE

Please complete our patient information form. It must be submitted before seeing the doctor. In addition, the patient or responsible party must bring:

- A valid driver's license or other current, photo identification;
- A valid, current insurance card
- Any required insurance referral forms complete and current;
- Any medical records, x-rays, or test results you have been asked to bring; and
- Payment for any portion of the fees you will be responsible for.

If you do not have all of these items, you may be asked to pay any charge for services received that day, or it may be necessary to reschedule your appointment.

### YOUR FINANCIAL RESPONSIBILITY POLICY

Before you begin treatment by KSI we need you to understand the insurance (or other program) that will cover your medical care. We also need you to understand your financial responsibility for paying any unpaid portion of your bill.

The care you receive from KSI may be paid for by one or more of the following: Workman's Comp; Motor Vehicle or several other sources. We will work with you to help you understand these programs and to avoid any financial surprises. While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by your insurance (or other program) is correct. It is your responsibility alone to know what insurance or other plan you are on, supply us with the correct information at the time of your visit, and know (or learn) what services may or may not be covered. We encourage you to contact your insurance company (or the administrator of the program paying for your care) with any questions you may have regarding the details of your coverage. Be aware that some and perhaps all of the services provided by KSI may not be covered. You will be responsible for payment of all non-covered services at the time they are rendered.

**FOR INSURANCE PATIENTS** — Your insurance policy is a contract between you, your employer, and the insurance company. Not all medical services are covered by all insurance policies. Some plans pay fixed allowances for each procedure and office visit, while others pay only a percentage of the cost. It is the patient's responsibility to understand their insurance coverage. As a courtesy, we will help you process your insurance claim form for reimbursement, however the patient or responsible party is ultimately responsible for the charges. Also, any co-payments

or deductible amounts are due at the time of service. If we do not participate in your insurance plan, you may still choose to be seen by the practice, but we will require payment in full at the time services are rendered. In this situation, we will provide you with the documentation necessary for you to file with your insurance carrier on your own behalf. This office cannot accept responsibility for negotiating a settlement on a disputed claim.

**FOR MEDICARE PATIENTS** — Your Medicare assignment and participating insurance plans will pay us directly for covered charges.

**FOR MOTOR VEHICLE ACCIDENT AND WORKERS' COMPENSATION PATIENTS** — If your visit is related to a motor vehicle accident or a workers' compensation claim, please provide this information at the time of registration. Prior to your visit, you will need the claim number, contact person and phone number, and name and address of the insurance carrier. If your motor vehicle insurance benefits or workers' compensation benefits are exhausted and you do not have general medical insurance to cover your visit at Kirshner Spine Institute, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

**ADDITIONALLY** — Please be aware... surgical procedures, labs, and any other procedures may have a higher co-payment, fall under a separate deductible, or be subject to some other financial treatment. It is your responsibility to understand your coverages and ultimately, you may be responsible for the cost of the services we order such as x-rays, medical supplies, or hospitalization. If you do not inform us of any special requirement, we cannot help you avoid these additional out-of-pocket expenses.

**THE PAYMENT PROCESS** — We accept cash and checks.

## ADMINISTRATIVE FEES

In order to keep our charges as reasonable as possible, we ask patients, parents/guardians, and responsible parties to understand their responsibilities and to keep their appointments or provide 24 hours notice to cancel. When patients fail to meet their responsibilities, it adds time and cost for our practice. Rather than increasing charges to everyone, those who do not follow the rules will be charged an additional fee:

- |   |      |
|---|------|
| ■ Checks returned for insufficient funds  | \$35 |
| ■ Missing an appointment without 24-hour notice:  | \$50 |
| ■ Completed Forms   | \$10 |
| ■ Billing statements required because patient failed to pay their financial obligation at time of service | \$15 |

Any fees (and the amount of the check returned for insufficient funds) will be applied to your account. If a check is returned for insufficient funds, you may be placed on a cash only basis. In addition, if you miss appointments, you may be required to pay your co-pay or other time-of-service payment in advance of scheduling an appointment. Furthermore, if you fail to meet your financial obligations, you may be referred to a collection agency. If so, you will be responsible for all costs of collection including court and attorney fees.

## RESPONSIBLE PARTY

**MINORS** — If the patient is less than 18 years of age, we require a parent or guardian sign this form and acknowledge financial responsibility before treatment begins. We also require a parent or guardian accompany a minor on their initial visit. For subsequent visits, if a parent or guardian does not accompany a minor, the minor or the person bringing them must have written

permission signed by a parent or legal guardian. Billing statements will be sent to the parent or legal guardian.

**RESPONSIBLE PARTY** — If the patient is for some reason not able or willing to be responsible for any unpaid portion of their medical care, a responsible party must sign the form below acknowledging their willingness to be responsible for any unpaid financial obligations.

## FINANCIAL RESPONSIBILITY AGREEMENT

I certify by my signature below, that:

- I have been given an opportunity to ask questions about this Kirshner Spine Institute Patient Responsibility Policy; and
- I am 18 years of age or older and empowered or authorized to sign this agreement;
- I am the PATIENT, or if a box is checked, I am the:
  - PARENT/GAURDIAN, \_\_\_\_\_ (Please Print Name); or
  - Other RESPONOSIBLE PARTY, \_\_\_\_\_ (Please Print Name); and
- I FULLY UNDERSTAND AND AGREE to my financial responsibilities and obligations as set out above.

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date