

Seattle Spine & Sports Medicine Financial Policy & Acknowledgment of Privacy Rights (HIPAA)

FINANCIAL POLICY

We thank you in advance for taking the time to review and to understand our financial policy. Succeeding with insurance processing and reimbursement requires patient participation.

Patient Insurance: Seattle Spine & Sports Medicine (SSASM) will only bill contracted insurance plans as a courtesy to our patients, if the required insurance information has been provided in a timely manner and if there is a signed financial policy on file. Please note the following:

1. Knowing your insurance benefits is your responsibility. **Regardless of the type of insurance coverage you have, you are ultimately responsible for paying your medical bills.**
2. If your insurance company rejects the claim or delays payment, our clinic will bill you after 30 days for those charges.
3. **If you are insured by a plan we are contracted with, but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage.** It is the patient's responsibility to inform the office of any changes in coverage at the time of service.
4. **If you are not insured by a plan we are contracted with, payment in full is expected at the end of each visit.** You may file a claim with your insurance for reimbursement and we can provide necessary coding information to assist you with this process.

Co-Pays/Deductibles/Co-Insurance: Please be prepared to pay for your portion of the charges on the date of service. Deductibles and co-insurances processed by your insurance company are due by your next visit or billing statement, whichever comes first. **If co-pays are not paid at the time of service, your account will be assessed \$10.00 for the cost of creating an invoice.**

Secondary Insurance: As a courtesy, we will file balances due with secondary insurance after primary insurance has paid its portion. You must provide this information at your first visit—along with your primary insurance—or as soon as coverage is effective. However, if your secondary insurance does not pay within a reasonable time of 30-45 days, the balance will revert to the patient's responsibility. Our office does not file third insurances.

Self-Pay (Uninsured Patients): Payment in full is due at the end of your visit. A discount may be given for prompt payment. This discount may not apply to motor vehicle accidents, third party insurance claims (e.g. auto vs. pedestrian/bicyclist) or any cases where the patient may be reimbursed in full.

Motor Vehicle Accidents (MVA): PIP Insured Patients: Except in the case of a motor vehicle versus a pedestrian or cyclist, we do not bill third-party insurance claims. **We will bill the Personal Injury Protection (PIP) insurance carrier until your benefits are exhausted or your claim closes. If your PIP benefits exhaust, we will bill your private insurance on file, if we are contracted. The bill becomes your responsibility if not paid by the carrier in 45 days.**

We require all MVA-related claim patients to sign a Letter of Guarantee (LOG) at their first visit. You must also provide the name of your attorney and his/her contact information as we require both you and your attorney to sign the LOG. By signing the LOG, patients are entering into a contractual arrangement with Seattle Spine & Sports Medicine. This contract stipulates that you or your attorney will pay Seattle Spine & Sports Medicine any sums still owed to us, from any settlement, judgment, or verdict arising from a motor vehicle accident.

Liens: On a case-by-case basis, we will accept patients on a lien under the following conditions:

- You are a current patient and have been treating under a PIP claim but benefits have exhausted and you have no other medical insurance;
- You and your attorney have signed an LOG;
- You agree to a monthly payment plan to pay down your balance. We will require a credit card on file to be charged \$35.00 on an agreed date each month until your balance is paid off or your claim settles.

We regret that we cannot accept a patient without legal representation on a lien.

Workers' Compensation: If your treatment is related to an injury at work, we will need the claim number, date of injury and the name of your claim's manager prior to your visit in order to bill the workers' compensation insurance carrier.

Missed or Changed Appointments on Short Notice: The following are significant burdens to our medical clinic, and hinder other patients from obtaining our timely medical care:

1. "No-Show Visits" for patients with scheduled appointments.
2. "Late-Changed Visits," with less-than-one-business-day-notice, (i.e. < 24 business hours), including canceled or postponed appointments.

We reserve the right to charge you up to 50% of the expected cost of your scheduled appointment for no-show visits or late-changed visits. If you have a record of 2 or more incidents like this, we reserve the right to terminate your care with us.

Delinquent Accounts: Our collection policies are fair but firm. If you have a past due account, you may be reminded of this when calling to make an appointment or when we are doing reminder calls and will be asked to bring this payment with you to your next appointment. We will charge a 1% monthly account management fee on balances over 30 days old. Partial payments will not be accepted unless otherwise negotiated. Monthly statements are sent as a reminder of your balance. **Any balance greater than 90 days may be subject to third party action and potential discharge from the practice.** Your prompt payment is appreciated to avoid any collection proceedings. These unresolved balances may also be subject to further charges, attorney fees and collection agency fees. Once an account has been placed for collection, you will no longer be able to receive treatment from any of the providers at SSASM.

Payment Options: We accept cash, checks, Visa/MasterCard, and money orders for payment. We charge a \$25.00 NSF fee for any returned checks.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns. A copy of this policy is available upon request. **Please note that this agreement is valid until your account is settled or paid in full.**

I have read and understand the SSASM financial policy and agree to abide by its guidelines. Additionally, I hereby assign all eligible medical benefits to which I am entitled to Seattle Spine & Rehabilitation Medicine, PS (DBA Seattle Spine & Sports Medicine). This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original:

X _____
Signature of patient or responsible party Print name of patient Date

ACKNOWLEDGMENT OF PRIVACY RIGHTS

My signature confirms that I have been informed that I have rights to privacy regarding my protected health information, and I have been given the opportunity to review this office's new Notice of Privacy Practice (effective March 26, 2013) as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

- Provide and coordinate treatment among health care providers who may be involved in my care.
- Obtain payment for my health care services from third-party payers and/or my legal representative (i.e. my attorney), as applicable.
- Conduct normal health care operations.

X _____
Signature of patient or responsible party Print name of patient Date

Relationship to Patient: _____

For Office Use Only: We were unable to obtain the patient's written acknowledgement of our Notice of Privacy Rights due to the following reason:

- The patient refused to sign Emergency situation Communication barriers Other