

Financial Policy

Scott Integrated Pain Management, LLC

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We are committed to providing caring, evidenced-based pain treatment to all who need it. We are in the process of enrolling in numerous government and private insurance plans, including Medicare and Medicaid. Because each insurance plan is different, we ask our patients to come to the office with an understanding of their insurance plan's requirements. These may include referral and preauthorization requirements that will have to be met before your visit. They may also include coverage limits, deductible, and co-pays, for which you will be financially responsible. We ask your cooperation with our business office so that we may achieve your maximum allowable benefit for the covered services you receive. Ultimately, you are responsible for all charges stemming from your care with Scott Integrated Pain Management, LLC.

- Payment is due in full at the time of service, unless you have made payment arrangements, in advance, with our business office.
- If you have insurance with a plan with which we participate, we will bill your insurance, but we require that all co-pays or deductibles should be paid at the time of service.
- If you have insurance with which we do not participate, we require that payment be made at the time of service and you may seek reimbursement for our services directly from your insurance company. Our office will assist you with any documentation you require to help process these claims.
- Personal checks are accepted, but we will charge an additional \$25 service fee for any returned checks.
- All patients will be asked to provide a current insurance card at each visit. If you do not have your insurance information or we cannot verify your coverage, you will be required to pay for the services you receive on the day of service. If your insurance coverage terminates or changes, you are responsible for notifying our office of that change. While we will submit insurance claims to plans with which we participate, patients are ultimately responsible for all changes arising from medical services.
- Missed office appointments, without 24-hours notice, will result in a \$50 no show charge that will not be covered by insurance.

I have read, understand, and agree to this Financial Policy. I guarantee payment of all charges incurred for this account. I hereby assign benefits to Scott Integrated Pain Management, LLC for all claims submitted to my insurance on my behalf. I further agree to pay any attorney's fee, court cost, and related collection fees incurred.

Patient Name Printed

Patient Signature and Date