



**PIPER SPINE CARE, P.C.**  
**PATIENT FINANCIAL POLICY**

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Thank you for choosing Piper Spine Care, P.C. for your spine care. Dr. Piper and the rest of our staff are committed to providing quality, affordable medical care without regard to financial status within a “value-for-value” framework.

We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of these policies below, please feel free to contact **Business Dynamics at 1-888-337-8220**. Thank you.

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**SELF-PAY ACCOUNTS:**

We designate accounts, **Self-Pay**, under the following circumstances: (1) patient is covered by an insurance plan that our providers do not participate in, (2) patient does not have a current, valid insurance card on file, (3) patient does not have a valid insurance referral on file, or (4) patient does not have health insurance coverage.

**PAYMENT IS DUE AT THE TIME OF SERVICE:**

- We accept cash, checks, debit, and credit cards
- Payment for co-payments, deductibles, and non-covered services is due at the time of services. If you arrive without payment, we may ask you to reschedule your appointment.
- Patient-responsible balances are also, due when you check in for your appointment.
- We expect patients designated as Self-Pay, to pay \$250.00 at check-in; the staff will collect any additional balance owed before you leave the office.
- In the event you need surgery and you do not have health insurance coverage, we must receive down payment of no less than 75% of the estimated doctor's fees BEFORE we will schedule the surgery.

**PROOF OF INSURANCE:**

- Please bring your insurance card(s) with you to EACH appointment
- Piper Spine Care, P.C. providers DO NOT PARTICIPATE IN ANY MEDICAID insurance plan
- It is your responsibility to inform the reception staff when the cause of treatment may be the responsibility of a third party (i.e. auto insurance, liability insurance company, worker's compensation) instead of your regular health insurance carrier.
- WE DO NOT PARTICIPATE IN ANY THIRD-PARTY INJURY CLAIMS OR WORKMAN'S COMPENSATION.
- IT IS YOUR RESPONSIBILITY TO NOTIFY THE PRACTICE of changes in your health insurance.

**REFERRALS:**

If the insurance plan has a designated primary care physician (PCP) and requires you to obtain a written referral from that doctor, you **MUST PROVIDE THE OFFICE WITH THAT REFERRAL AT THE TIME OF CHECK-IN**. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit yourself at the time of service.

**OUR RESPONSIBILITY TO REPORT NON-COMPLIANCE:**

Under the terms of our insurance provider contracts, we have the obligation to notify the carrier of patients who repeatedly refuse to pay co-payments/deductibles at the time of service, as well as patients who do not keep scheduled appointments.

**DIVORCE AND CHILD CUSTODY CASES:**

- In the case of divorce, the individual who receives care is responsible for payment of co-payments, deductibles, coinsurance, and nonparticipating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.
- The parent who brings the child to the office for care is responsible for payment at the time of service – no matter if the account is self-pay, participating insurance, or nonparticipating insurance. The practice does not honor divorces specifics (e.g. percentage of financial responsibility).
- If the child has coverage with a participating insurance plan **AND** the proper insurance identification is present at the time of service, the practice will bill that insurance company. Applicable co-payments, coinsurance, and/or deductibles are due at the time of service.
- We must have complete demographic insurance for the insurance subscriber including, birth date, social security number, home address, employer, and phone numbers.

**BILLING, PAYMENTS, AND REFUNDS:**

- All balances are due in full within 14 of the statement date.
- It is your responsibility to notify the office of any change in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on other accounts with the same guarantor or financial responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice for nonpayment. If you are sent to collections and wish to pay the balance, we will charge you the collections fee which is 25% of the total balance sent. Please know that if you are sent to collections you will be dismissed from the practice.
- **ALL DELINQUENT BALANCES MUST BE PAID IN FULL PRIOR TO NEXT APPOINTMENT.** A delinquent account is defined as someone who has received 2 statements and has either made no payment nor called the office to make any payment arrangements. If such a payment is not made, services will be refused. A fee of 1.5% per month will be assessed on all patient balances not paid within 30 days.

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I HAVE READ THE PATIENT FINANCIAL POLICY AND I AGREE TO ABIDE ITS TERMS

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Patient Name (printed)

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Date of Birth

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Signature, Patient or Legal Guardian

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Date