



Patient Financial and Billing Consent

Financial Policy

It is essential that you provide us with all pertinent insurance information: insurance card(s) and or workers compensation information, including the name and phone number for the adjuster and most importantly, the claim number. We will also ask for a photo ID.

1. Health plans. It is the responsibility of the patient to ensure Inspired Spine is an in-network provider and to determine your individual health plans co-pays, deductibles, co-insurances and any other related fees you may be responsible for.
2. Demographic information. Patients are responsible to update Inspired Spine to any and all changes to insurance, address, phone numbers and other patient demographic information. Please present your ID card and all insurance cards at the time of check in.
3. Payments. Copays and outstanding balances are due upon check-in, unless other arrangements have been made in advance. While our office can estimate your financial responsibility, it is ultimately the insurance company who determines your cost for your visit.
4. Payment Responsibility. I agree to pay for all services furnished to me by Inspired Spine, including, but not limited to charges that are not paid in full by my insurance, government program benefits or other third-party payers, except as prohibited by Inspired Spine's contract with my health plan or applicable law. I also agree to pay or reimburse Inspired Spine for all costs it may incur in collecting such amounts, including, but not limited to, attorneys' fees and collection agency fees.
5. Returned Checks. I acknowledge the \$40 returned check fee on all checks returned to Inspired Spine for insufficient funds.
6. Responsibility for Services. Patients seen in an ambulatory surgical center or hospital may receive a separate bill from other facilities that also provided care. Keeping your insurance information up to date with our office ensures accurate billing. Certain procedures or services may not be included in your benefits package, or may be considered "not medically necessary", "experimental", or "investigative". Your insurance will not pay for these services, and you would be responsible for payment for any of those services. If we are in-network with your payer, we are required to notify you in advance of providing these services.
7. Payment plans: We understand that medical expenses can be a financial burden and our office is committed to working with you to establish a reasonable payment plan. Any patient with a balance of \$500 or more will be required to pay their balance or set up a payment plan prior to scheduling an appointment.

Payment Authorization

1. Claim Billing. I authorize Inspired Spine to directly bill my health plan, third-party payer, or Medicare for services rendered to me by or on behalf of Inspired Spine but acknowledge that Inspired Spine is not obligated to submit claims to third-party payers on my behalf unless required by law or by its contract with a particular third-party payer. I also authorize my health plan, third-party payer, or Medicare to make payment direct to Inspired Spine for such services. I understand and agree that Inspired Spine is not responsible for collecting third-party payments or negotiating disputed settlements on my behalf. You may request an estimate of your charges prior to, during, or after receiving services from Inspired Spine.
2. Workers' Compensation. We require the Insurance Company Name, Name and Phone Number of Adjuster, Claim Number, Date of Injury, and Employer's Name and Address. We will submit your claim. If the claim is denied by the carrier or if the claim is in litigation, you will personally be responsible for payment of the charges.

Patient Name (Printed):

Patient Signature:

Date: