

TRIANGLE SPINE AND BACK CARE CENTER
3320 Wake Forest Road Raleigh, NC 27609* (919) 876-7676

FINANCIAL POLICY

We accept various methods of payment including CASH, CHECK, MC, VISA, and DEBIT CARDS

Thank you for choosing us as your health care provider. We are committed to providing you with the finest health care available and courteous helpful staff. This service begins from the time you check in at our reception desk to the final payment of your bill. In order to make this process as smooth as possible for our clients, we offer this brochure outlining some of the policies followed by Triangle Spine and Back Care Center.

All patients must complete our Information and Insurance form before seeing the doctor. Please bring all your insurance cards at the time of your visit so that a copy can be made for our records.

Payment for office visits: Payment in full for all office visits is expected on the day of your appointment. Applicable co-pays, deductibles, and co-insurance will be collected for all insured patients.

Authorization for office visits: All authorizations must be obtained prior to seeing the physician, your visit will be rescheduled or a waiver must be signed making you responsible for payment.

Workers Compensation Cases: If you are visiting as a patient under Workers Compensation you must bring a written referral at the time of your visit; failure to provide this information will result in your visit being rescheduled.

Third Party Payors: If you are being represented by an attorney as a result of an accident or injury and are expecting reimbursement from a third party, you are still responsible for your bill at the time the services are provided. No arrangements will be made based on prospective third party payments.

Billing Procedures: As a courtesy, our office will submit your insurance claim on your behalf. Therefore, it is essential that we have complete and accurate information about your insurance carrier. Please remember that your insurance policy is an agreement between you and the insurance company. No insurance company attempts to cover all medical costs. Some pay fixed allowances for certain procedures; others pay

PLEASE TURN FORM OVER- SIGNATURE REQUIRED ON REVERSE SIDE

a percentage of a charge. It is your responsibility to pay any balance not paid or covered by your insurance.

Collection Process: Our billing and collections office is able to help you with any questions you may have. You may contact them anytime between 8:00am and 4:00pm at (919) 876-7676 ext 230. You will receive a monthly statement from our office. It notes any insurance/patient balances and payments made within the last 30 days. Please review the statement for accuracy and contact your insurance company regarding any outstanding claims. Please understand that our services are separate from the hospital therefore you will receive a statement from us as well as the hospital, lab, anesthesiology and/or radiology.

Any outstanding patient balance with no payment activity within 90 days will result in your account being turned over to a collection agency. We will make every effort to negotiate a payment arrangement with your prior to this action taking place.

Surgery Procedures and Payment Plans: If after consultation with the doctor, your condition requires surgery, you will meet with a coordinator to arrange a date for the procedure. You will then meet with a Financial Coordinator to get an estimate of the cost of the surgery.

Managed Care and PPO Plans: If your insurance is through a managed care or PPO plan that Triangle Spine and Back Care Center participates with you are expected to pay the co-payment or out of pocket costs as directed by your policy.

Other Insurance Plans: Insurance companies that we do not participate with or non-managed care plans generally only pay a portion of the total bill. Some insurance plans do not provide any out-of-network benefits. It is your responsibility to contact your plan to determine benefits. As a courtesy, we will file with non-contracted plans however; we require full payment at time of service. Surgery patients will be required to pay at least 25% of the estimated charge. The surgery will be scheduled after the deposit has been received. Upon making the down payment, the balance should be paid within 90 days or a monthly payment arrangement made.

Self-Pay: If you are a non-insured patient the Financial Coordinator will estimate the cost of your surgery. At that time you are required to pay at least 50% of the estimated charge. The surgery will be scheduled after the deposit has been received. Upon making the down payment, the balance should be paid within 90 days or a monthly payment arrangement made. Full payment for office visits are expected at time of service.

Patient Signature

Date