



COASTAL PAIN MANAGEMENT & REHABILITATION

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Bradenton, FL 34209
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CREDIT POLICY STATEMENT

Welcome to Coastal Pain Management and Rehabilitation where you will receive the highest quality outpatient surgical and clinical Pain Medicine services.

The following is a statement of our financial policy:

All non-covered services and co-pays are payable at time of service.

We accept cash, checks, Mastercard/Visa, Discover and American Express.

Fees for services provided and not paid for at time of service are due and payable within 60 days. You will receive a statement each month for any unpaid balances. We will charge a \$20.00 services fee for all returned checks. **All procedures performed have physician AND separate facility charges incurred.**

Many patients are covered by health insurance contracts, which provide for reimbursement for specific medical fees. IF you are not familiar with your policy, it is suggested that you discuss coverage with your carrier BEFORE charges are incurred. All insurance policies are contracts between you and your insurance carrier. Your doctor’s bill is an agreement between you and your physician. Our fees may be more or less than the payment schedule used by your arbitrary determination of Usual & Customary. **Our physicians are “Preferred Providers” for certain HMO’s and PPO’s and the contracts that we have signed with these specific carriers supersede our Usual & Customary policy. For our patients who are subscribers to these insurance plans, you will NOT be billed for amounts above our negotiated fee schedule, with the exception of co-pays, co-insurances and deductible amounts as stated per your contract.**

As a courtesy, we will submit insurance claims for you. **If the patients insurance requires that a referral is necessary, it is the responsibility of the patient to obtain one from their primary care physician PRIOR to their appointment.** We reserve the right to refuse service to any patient who does not have a valid referral in our office at the time of their appointment. Many of the services that our office provides requires pre-authorization and we ask that you be patient with our office in obtaining this authorization. Many insurance companies require documentation prior to authorizing services and we will do our best to comply in a timely fashion with their requests. We reserve the right to charge any patient a \$25 fee if they fail to give at least a 24 hour cancellation notice. The **patient** regardless of insurance will pay this fee.

Extended payment plans can be arranged through our billing office. These plans are based on the financial circumstances of each patient. We invite you to discuss any financial difficulties by calling 941-792-1404 and request to speak with one of our billing representatives.

I, the undersigned, have read and understand the above Credit Policy.

Signature Insured/Authorized Person

Date

Printed Name