

The following billing policy applies to all Newbridge Spine & Pain Center patients.

Billing Policy Terms and Conditions

- Payment is required when services are rendered. Accepted forms of payment include cash, checks, money orders, VISA and MasterCard.
- Rescheduling or canceling an appointment must be done at least 24 hours prior to the scheduled appointment. If 24-hour advance notice is not provided, the patient will be assessed a \$25 fee.
- Deductibles, co-payments and co-insurance amounts must be paid in full prior to receiving medical care and/or seeing a physician. Patients are responsible for verifying the amount of their deductible with their insurance company prior to their initial visit. Deductibles are due in full at the time of initial and subsequent visits.
- Insurance claims are filed on behalf of patients, however, patients are financially responsible for paying their own personal deductible and/or insurance co-payment.
- Patients are responsible for providing current primary and secondary insurance information at the time of their initial visit. Otherwise patients are financially responsible for any charges not covered by their insurance.
- Patients are responsible for providing any insurance changes and/or updates. If a patient's bill is incorrectly submitted to an insurance company due to a lack of updated information, the patient will be charged a \$25 service fee and held financially responsible for charges not covered by insurance.
- Patients without insurance and those unable to pay their deductible and/or co-payments are required to schedule and attend a meeting with the practice billing manager during which a payment plan must be arranged. At each appointment the payment plan must be current prior to receiving medical care or seeing a physician.
- If a patient's check is returned unpaid for any reason by the issuing bank, patients are liable for the amount of each returned check plus a \$25 service charge.
- If a collection agency is required to collect a past due amount, the patient remains financially responsible and will be charged for the collection agency's fee in addition to the past due amount.
- This medical practice complies with Stark Law in regards to governing physician referrals and payments for those practices.
- Patients are required to present insurance cards for re-verification at each visit.
- Patients are assessed a \$25 fee if additional paperwork, such as disability forms and/or secondary insurance forms, must be completed by our office staff.
- Patients are assessed a \$25 fee if medical records are provided to an authorized third party.
- If a patient's health insurance plan is not an acceptable form of payment but the patient has out-of-network benefits, the claim will be filed on behalf of the patient. Patients are responsible for additional out-of-pocket expenses. Patients are strongly encouraged to contact their insurance company to verify benefits and requirements for out-of-network doctor visits.
- Patients are required to sign a copy of this billing policy agreement to be placed in the patient's medical file prior to their initial consultation.
- Referrals: If a patient's insurance company requires a referral be obtained prior to services rendered at a specialist, it is the patient's responsibility to obtain the referral from their primary physician and present it during their initial visit in order to be seen by the physician. If a patient inadvertently receives medical care or visits with the physician without a required referral, the patient will be financially responsible for the visit. If subsequent referrals are required, it remains the patient's responsibility to obtain and present the referrals at each applicable visit.

Newbridge Spine & Pain Center Billing Policy Continued

HMO

Accepted providers must be verified by the patient and applicable referral paperwork must be provided to our office prior to receiving medical care.

MAMSI, MDIPA and Optimum Choice

A referral is only required for the initial visit. However, a “Treatment Plan” must be submitted to the patient’s primary physician for approval and signature and then returned prior to any additional treatment. A pre-authorization specialist will manage this approximate two-week process

Personal Injury Protection (PIP)

A pre-authorization specialist will verify the amount of PIP coverage available. Personal health insurance information is required so charges not covered by PIP can be submitted to the patient’s personal health insurance company. If a patient’s health insurance company requires a referral, it must be obtained and presented during the patient’s first visit, even if a claim is being filed to PIP.

Worker’s Compensation

- ▶ Worker’s compensation patients are required to provide correct case and financial coverage information prior to their first visit related to the case. Otherwise a \$25 service fee will be charged to update medical and financial records as needed.
- ▶ Worker’s comp medical claims cannot be filed with personal insurance companies because treatment related to a worker’s comp case is not covered under personal insurance plans. If submission of worker’s comp charges to a personal insurance company is attempted, the worker’s comp patient is then personally responsible for all charges.
- ▶ Worker’s comp patients are responsible for securing approval from their case worker for treatment prior to the patient’s initial visit. Approval for subsequent visits will be obtained by the medical staff.
- ▶ Worker’s comp patients must bring the following to their first appointment: date of injury, claim number, name of worker’s comp insurance company, name of case worker, case worker’s phone and fax numbers.

Patients are required to agree to and sign a Newbridge billing policy agreement to be placed in their medical file prior to their initial consultation with a physician at Newbridge. If you have any questions, please feel free to contact us.

