



MODERNI SPINE

ELEVATED PAIN TREATMENT

Financial Policy

The following information is provided to you to provide a clear understanding of Moderni Spine PLLC's financial policy. If you have any questions about this policy or your financial responsibilities, please call our office at 651-440-0939.

Co-Payments: All co-payments are due at the time of service. We ONLY accept debit/credit cards for co-payments. We accept the following credit cards – VISA, MasterCard, Discover, American Express and Care Credit.

Referrals and Pre-Certifications: Referrals to see Moderni Spine providers are the *patient's* responsibility. If a patient does not obtain the appropriate referrals according to their insurance company policy, and his/her claims are denied, payment will become the patient's responsibility. If a prior authorization/pre-certification is needed, Moderni Spine PLLC will initiate and complete the necessary information to obtain approval for your procedure and/or service. It is your responsibility to ensure the appropriate authorizations are completed prior to the service and/or procedure being rendered.

Good Faith Estimates: Moderni Spine PLLC will provide an estimate of cost for future services if requested. Although we will estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits including co-payments, co-insurance and/or deductible amounts. Moderni Spine PLLC is attempting to help with understanding the potential cost but is not liable for the final cost determination.

Insurance Claims and Benefits: Your insurance policy is a contract between you and your insurance company. It is your responsibility to

understand your benefits including information pertaining to co-payments, co-insurance and deductibles. As a courtesy, Moderni Spine PLLC will file claims for benefits with insurance companies in which Moderni Spine PLLC and its providers are credentialed (insurance companies in which we have contracted with and can accept those patients). In order to properly bill your insurance company, it is important that you provide all insurance information including primary, secondary and tertiary insurance. You also must notify Moderni Spine PLLC of any changes to your insurance information for correct billing/claims to happen. Failure to provide this information may result in larger or inaccurate amounts of patient responsibility.

If your insurance company is not contracted with Moderni Spine PLLC, you are considered out-of-network. If you decide to obtain care with an out-of-network provider, you will be responsible to pay any portion of the charges not covered by your insurance, including those charges above the usual and customary allowance.

Uninsured: If you are uninsured, a down-payment may be required prior to your service. Down-payment amounts will vary based on the service. If you cannot afford the down-payment, Moderni Spine PLLC is not obligated to but may offer a monthly payment option. If the patient does not bring in required payment at the time of service, the patient may be rescheduled to another day when payment can be made.

Finance Charges: Finance charges may be imposed on accounts beginning 60 days from the date of the initial billing statement. At present the interest rate is 6% per year.

Outstanding Balances: Any outstanding balances should be paid at the time of service unless prior arrangements have been made. If your insurance does not pay the balance in full, you will receive a statement. Payment is due upon receipt of your statement. Failure to pay your balance may result in your account being transferred to an

outside collection agency. If your account is turned over to an outside collection agency, all balances must be paid in full prior to initiating additional treatment for a new problem. If your account is placed with a collection agency, you may be dismissed as a patient from Moderni Spine PLLC

Credit Balances: Moderni Spine PLLC will refund any amounts owed to patients within 45 days of discovery, request, or notification. All refunds will be processed in the form in which the payment was made.

Consent Statements

Consent for Treatment: I consent to and authorize Moderni Spine PLLC and providers within to examine and treat me or the patient as deemed appropriate. I understand treatment could include ancillary tests, education, photographs, or other therapeutic and/or diagnostic procedures. I understand that my provider is available to explain the purpose of the procedure and treatments, and that I have the right to refuse. I authorize Moderni Spine PLLC to access patient's medical/prescription history from non- Moderni Spine PLLC sources including the national prescription database, my pharmacy, or previous prescribers.

Release of Information: I consent to Moderni Spine PLLC's use and disclosure and obtainment of my health and other information outside of Moderni Spine PPLC for treatment, coordination and care management, and healthcare operations purposes. Healthcare operations include, but are not limited to, quality improvement activities, performance evaluations, business management and Accountable Care Organization activities. I agree that this consent will remain in effect until it is revoked by me in writing.

Assignment of Benefits: I request that payment of insurance benefits, including Government programs, be made directly to Moderni Spine PLLC on my behalf for all services.