



Financial Policy

Insurance Information

Our office accepts insurance from all major insurance companies. As a courtesy, we will file your claim to the respective insurance company.

To avoid any misunderstandings regarding payment for professional services, Orange County Pain Center, Inc. requests that you authorize all insurance company payments directly to our office. If you choose not to do so, all charges will be due and payable by you at the time of service. Upon receipt of payment, we will gladly file your insurance claim for you.

You will be responsible for any portion of your bill which is denied or not paid by the insurance company, per any contractual agreement.

Every effort is made to maximize the benefits of your insurance plan. However, there may at times be a difference in interpreting the benefits of your plan. If such a situation arises, you may be asked to assist us in contacting your insurance carrier.

You will be responsible for any portion of your bill which is denied, applied to deductible, considered a co-payment or co-insurance portion or is considered non-covered by your insurance plan. Working together we can resolve most insurance issues in a mutually acceptable manner.

Payment Policy

All self pay patients will be required to pay at the time of service or establish mutually satisfactory payment arrangements prior to services being rendered.

Co-pays must be paid at the time service is rendered. These co-pays are a required part of your contract with your insurance carrier and increase the cost of billing unnecessarily if not paid at the time of service.

Patients should receive a written notice from their insurance carrier when a claim is closed and payment is made to the clinic. Our staff will apply this payment to your Clinic account upon receipt, but there may be a delay of 2 to 3 days in posting. If your billing statement cycle occurs during this period, the payment will show on the next month statement.

If you need to establish a payment plan or require additional assistance, please contact us prior to your scheduled appointment. Patients who are unable to pay for services will be required to complete a financial disclosure form.

Billing Statement

You will receive a monthly statement. The amount shown in the "Patient Responsible" column is your obligation and is due and payable upon receipt. If payment is late or prior payment arrangements have not been made, a second notice will be sent.

Accounts over 30 days without satisfactory payment will be turned over to a collection agency. Outstanding accounts cost both time and money; therefore, patients with delinquent accounts will be required to make payment at the time of service. Several payment options are available. The Clinic accepts cash and check only.

Billing Questions

Questions or concerns regarding your account or insurance claim should be directed to our office staff. Our clinic firmly believes that a good doctor-patient relationship is based upon understanding and good communication. Our employees are trained experts. They have been instructed to make every effort to clarify any misunderstanding you have concerning your balance and resolve your financial questions and concerns.

Please notify us immediately if you feel an error appears on the statement or if you have any questions or concerns.

Charges

Our Clinic is committed to providing the best treatment for our patients and the amount we charge for medical care is usual and customary for our area. Many insurance companies use a fee schedule that is derived from providers outside of the region and the amounts may differ. Our fees will not be adjusted to meet your insurance carriers usual and customary unless a contract exists between Orange County Pain Center and your carrier.

Please sign below stating that you will comply with the policies above.

Print Name

Date

Signature