



## FINANCIAL POLICY

You are financially responsible for the medical services you receive at Corpus Christi Pain Medicine. Please review our policies below and sign at the end to indicate your agreement to these terms. If you have any questions, please do not hesitate to ask a member of our staff.

### APPOINTMENTS

1. **Co-payments. Co-payments/ Co-Insurance are due at the time of service.** If you are unable to make your co-payment, CCPM reserves the right to reschedule your appointment until a time that you are able to make your payment. Payment for any outstanding balance is due at your appointment.
2. **Missed Appointments and Late Arrivals.** If you are more than 10 minutes late, we may reschedule your appointment. If you do not show up for your appointment, you will be responsible for a missed appointment fee. Missed office visits are subject to a \$25 charge. Three missed appointments may result in discharge from our clinic. These charges are your responsibility and will not be billed to your insurance carrier.

### INSURANCE PAYMENTS

3. **Financial responsibility.** Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment-in-full for all medical services provided to you. Any charges not paid by your insurer will be your responsibility.
4. **Coverage Changes and Timely Submission.** It is your responsibility to inform us in a timely manner of any changes to your billing or insurance information. There is a time limit in which CCPM can submit a claim on your behalf to your insurer. If CCPM is unable to submit your claim within this period because we have not been supplied with your correct insurance information, you will be responsible for the charges.
5. **Self-Pay.** If you do not have health insurance, or if your health insurance will not pay for services rendered by CCPM, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule (available at our front desk). Self-pay patients are expected to make payment in full at the time of service.

### BENEFITS AND AUTHORIZATION

6. **Insurance Plan Participation.** It is your responsibility to contact your insurance company to verify that your physician participates in your plan. Out of Network Charges may have higher deductibles and co-payments. We also accept assignments for Medicare and Texas Workers Compensation when properly verified in advance. **We are not responsible for the ultimate payment determinations by your insurance carrier.**
7. **Referrals.** Referral and prior authorization requirements vary widely among insurance carriers and plans. If your insurance carrier requires a referral for you to be seen by CCPM, it is your responsibility to know this fact, and to obtain this referral.
8. **Prior Authorizations and Non-Covered Services.** Some insurance plans are limited and do not cover all provided services. Other insurance plans require prior authorization for provided services. It is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. As a courtesy to our patients, CCPM makes an effort to determine if services ordered are covered by your insurance plan, and whether or not a prior authorization is required. If determined that a prior authorization is required, we will attempt to obtain such authorization on your behalf.
9. **Out of Network Payments.** It is your responsibility to verify that we are in your insurance plan network, if applicable. Some plans require special authorization or have limited coverage for out-of-network services; this is especially true for out-of-state policies. The patient is ultimately responsible for all charges, even when out-of-network.
10. **Assignment.** By signing this financial policy, you agree to assign all medical and surgical benefits from your insurance company to CCPM. If for any reason, your insurance carrier pays you directly, you agree to forward this payment to CCPM immediately.

