



## ACKNOWLEDGEMENT & AUTHORIZATIONS

Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### CONCENT FOR TREATMENT/INFORMATION RELEASE

#### HIPPA PRIVACY

I hereby consent to and authorize Allied Pain & Spine Institute (APSI) and its associated staff and healthcare providers to provide and perform such medical and surgical care, medication management, tests, therapies, procedures, and other services and supplies as are considered advisable for my health and well-being. If I should not comply with the medical program of care provided or recommended by physician(s), or designated alternate(s), I understand that I then relieve my physician(s), designated alternate(s), associated medical staff, and APSI of all responsibility resulting from my action. Furthermore, I understand that excessive cancellations or "no shows" for appointments may result in discharge from practice.

I authorize APSI, all associated physicians and all associated agencies, to gather, maintain and release any and all healthcare information that may be required for the processing of any and all claims for third party payers (including but not exclusive of, private insurance, Medicare, Tricare, Disability, Workman's Compensation, etc.) and for the purpose of best practice correspondence with involved primary care physicians and other medical providers.

I authorize APSI to communicate protected health information, where necessary, through the use of mail, email, phone, and voicemail. This may include electronic communication such as announcements or appointment reminders via text message(s) or automated call(s).

Patient or Guardian Initials \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

Thank you for choosing Allied Pain & Spine Institute (APSI) for your healthcare needs. It is important that you understand your financial responsibilities for the services you receive. The changing healthcare environment puts more of this responsibility in your hands.

If you have Insurance: Our office participates in a variety of insurance plans. Please note that insurance via The Patient Protection and Affordable Care Act (PPACA), also known as Obamacare, is not presently accepted at APSI. As a courtesy, we will verify your coverage and bill carriers on your behalf. It is your responsibility to: 1) bring your insurance card with you to every visit and make us aware of any changes in coverage, 2) bring a valid driver's license or state issued ID to confirm identity, 3) check with your insurance plan to verify that APSI is in your Preferred Provider Organization (PPO) Network, and 4) if your insurance company requires a physician referral, it is your responsibility to ensure that one has been obtained. If a valid referral is not on file, you will be asked to sign a waiver and assume all financial obligations associated with your care.

\*Co-payments and Deductibles: You are responsible for paying any co-payment, deductibles, or co-insurances at the time of your appointment.

\*Secondary Insurance: Initial filing to your secondary insurance will be billed as a courtesy. You are responsible to follow-up with your secondary insurance after it is initially filed by APSI.

If you do not have Insurance: Payment is due at the time of your appointment. Information regarding fees and payment plans is available through our staff representatives.

Payment Options: For your convenience, we accept cash, personal check, and credit card payments.

Motor Vehicle Accidents or Liability Cases: We are able to file claims to your Automobile Insurance Company in cases where medical payment coverage is available from your Automobile Insurance Company to cover medical treatment/services rendered through APSI. In cases where such Med-Pay Insurance is not available and/or sufficient to cover medical expenses, within our standard guidelines, we will accept Letters of Guarantee and Liens to receive payment(s) when cases settle.

Worker's Compensation: We do accept Worker's Compensation patients and file all claims to the carrier. There will be no balance billing to the patient for approved cases. Should worker's compensation deny your claim, you will be responsible for payment in full. To increase convenience, efficiency, and control of pharmacologic care, insurance and statute notwithstanding, we may be able to dispense certain recommended medications directly to you from APSI at the time of your doctor visit. As the injured party, you reserve the right decline medication(s) offered through APSI and obtain written prescriptions for equivalent medication(s) to fill elsewhere. APSI will not knowingly collect or attempt to collect the payment of a charge for medical services or products (covered under worker's compensation insurance) from a patient or the patient's estate or family members.

Financial Arrangement for Surgery: If your treatment includes surgery, APSI and affiliated ambulatory surgery center(s) will make attempts for pre-certification with your insurance carrier. We will also verify insurance benefits, obtain coinsurance and/or deductible information, and may request payment in advance.

Minor Patients: A parent or legal guardian must accompany patients 17 years old and younger and sign as responsible party below (Exception: patients 17 years and younger declared emancipated minors). It is the parent or guardian's responsibility to bring the necessary referrals, insurance card(s) and to make payment at the time of service.

Non-Insured Services: Our physicians will recommend medically appropriate treatment in all cases. In the event your health plan deems a service(s) medically unnecessary, experimental, non-covered and/or inclusive, as responsible party you agree to pay for any amounts not covered by the carrier. We attempt to be familiar with the limitations of health plans; however, the patient/insured is principally responsible to know all his or her plan's specific provisions.

Returned Checks: APSI will charge a \$15.00 NSF fee for each returned personal check. This charge will be applied to the patient account. If two (2) checks are returned, only cash or a credit card will be accepted for future services.

Medical Fees: Our charges are determined by what is usual and customary to our specialty and area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. If you have any questions about your insurance, please ask to be referred to our billing department. Specific coverage issues, however, should be directed to your employer or insurance company's member services department (number found on back of your insurance card).

Finance Charge: APSI will charge 1.5% finance charge on balances over 120 days

No Show Fees: APSI will charge a \$75.00 No Show Fee for any missed appointment or for any appointment not cancelled within 24 hours.

NOTE: You are legally responsible for your account at APSI and all costs associated with its collection. Account balances after insurance must be paid in full within 30 days of patient billing, unless other payment arrangements have been made to avoid collection agency action. A collection fee, attorney fee or other fees that APSI may incur to collect payment will be added to any outstanding balance.

Patient or Guardian Initials\_\_\_\_\_

### OWNERSHIP DISCLOSURE

California law and Medicare Federal regulations require physicians and other health care providers to make certain disclosures to patient(s) when referring patient(s) to a facility in which a physician or physician's family member may have financial interest. We support these laws in order to help patient's make reasoned decisions concerning their medical care. In compliance with the requirements of these laws, you are hereby informed that the Pain and Spine specialists at APSI, Drs. James Petros and Parish Vaidya, have ownership interest in Trinity Surgery Center, a Medicare-certified ambulatory surgery center. Our physicians hold Trinity Surgery Center as their optimal environment in providing required medical-surgical services. Nevertheless, the selection of a specific health care provider or facility always rests with the patient and you may choose to be referred to an alternative setting if you so desire.

Patient or Guardian Initials\_\_\_\_\_

### ARBITRATION NOTICE

It is understood that any claim or dispute as to medical malpractice, that is as to whether any medical services rendered were necessary or unauthorized or were improperly, negligently, or incompetently rendered or omitted, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to a court process. The arbitrator shall have the authority to award any remedy or relief that a court of the state of California could order or grant, but no other remedy relief. By the signing below, patient intends and acknowledges this agreement. Arbitration agreement is effective as of date of the provisions of the first care, ongoing care, or services of any kind.

Patient or Guardian Initials\_\_\_\_\_

## MEDICAL RECORD AND FORM FEES

**MEDICAL RECORDS COPYING FEES:** Payment is due prior to mailing or at the time of pick up.

- One dollar (\$1) per page for the first ten (10) pages.
- Fifty cents (\$0.50) per page for pages eleven (11) through fifty (50).
- Twenty five cents (\$0.25) per page for pages fifty-one (51) and above.
- Five dollars (\$5) per CD (X-Ray/MRI/Medical Records)
- Five dollars (\$5) per page printed (X-Ray/MRI films)

**DISABILITY:** There will be a twenty five dollar (\$25) charge for each disability form and a seven to ten (7-10) BUSINESS days waiting period for all disability forms.

**FAMILY MEDICAL LEAVE ACT FORMS:** There will be a fifteen-dollar (\$15) charge for each leave form and a seven to ten (7-10) BUSINESS days waiting period for all leave forms.

**HANDICAP PARKING PERMITS:** No charge.

Patient or Guardian Initials\_\_\_\_\_