



Insurance Benefits

Southern Pain Relief requires that medical claims be paid by insurance carriers within 30 days. If your insurance carrier has not appropriately paid the submitted claim within 30 days, I understand that outstanding balances will become the responsibility of the policy holder.

Insurance Co-Payments

In accordance with my insurance contract, I understand that co-payments are due at time of service.

Deductible

If my insurance deductible has not been met, I understand that outstanding deductible amounts will be collected at time of service and at the time interventional procedures are scheduled.

Co-Insurance

I understand that co-insurance amounts may be collected at time of service, and the time interventional procedures are scheduled.

Private Pay

If I have no insurance coverage, or insurance with which Southern Pain Relief does not participate, or Southern Pain Relief is unable to verify current insurance coverage, I understand full payment is expected at time of service and at the time interventional procedures/studies are scheduled. A full fee schedule will be provided upon request.

Secondary Insurance

I understand that Southern Pain Relief does not file claims with secondary insurance carriers and that I am fully responsible for secondary insurance amounts. **Notice to Medicare Patients:** If we are unable to verify from Medicare that there is automatic submission of claims to the secondary insurance carrier, you may be responsible for secondary insurance balances at the time of service and at the time interventional procedures are scheduled.

Refund Policy

I understand that amounts collected from me (including co-payments, co-insurance and deductibles) are based on information received by Southern Pain Relief from my insurance carrier. Refunds are made only after a written request is submitted, and there has been full insurance reimbursement for all medical services on the account, regardless of the date of service. Please allow 4-6 weeks for the requests to be processed.

Verification of Benefits and Non-Covered Services

Insurance policies are individualized per patient plan. Southern Pain Relief may provide services that my insurance plan excludes. I understand that it is my responsibility to verify coverage, benefits, and exclusions. I understand that all non-covered services are my responsibility.

Collections

I understand that once an account is placed in a collection status, all future services must be paid in full at times of service (no checks accepted). If my account is placed into collections, I will be responsible for all collection and interest costs.

No Show or Late Cancellations/Returned Checks

Cancellations made less than 24 hours in advance or any "NO SHOW" appointments are subject to a \$48.00 charge for office visits and \$228.00 charge for procedures. These charges are my responsibility and will not be billed to my insurance carrier. Additionally, I acknowledge that if I have 3 or more "NO SHOW" or cancellations for any service, I may be referred for treatment to another clinic. Returned checks will be subject to a \$38.00 returned check fee. Detailed patient ledgers are available for \$12.00.

Notice of Privacy Practices

I understand that the Notice of Privacy Practices for Southern Pain Relief is displayed for public inspection at the facility and on the website. This notice describes how medical information about you may be used and discloses how you can get access to this information. Please review it carefully. I acknowledge that I have had the opportunity to review the Notice Of Privacy Practices of Southern Pain Relief.

Signature: _____ **Date:** _____