



## **FINANCIAL AGREEMENT**

Patients are responsible for any and all charges incurred resulting from treatment provided at Pain Care Boise. As a service to our patients, Pain Care Boise will file claims with most insurance carriers directly; however, you are primarily responsible in full for your balance and for all services rendered. Please be aware that the contractual agreement is between yourself and your insurance company, not the Doctor's office. We request you call and verify your coverage, know your benefits and know if authorization is required prior to scheduling your appointment. In cases where we participate with your insurance as a preferred provider, deductibles, co-pays and co-insurance payments are due in full and expected at the time of service. All quotes given by our business office for services, co-pays, co-insurance, etc. are estimates only. We accept cash, money orders, personal checks, visa and MasterCard.

**COLLECTION PROCEDURE** – For ASC procedures, you will receive two statements. One for the professional physician service, William G. Binegar, MD and one for the surgery center facility, Pain Care Boise. These separate statements conform to today's standards of billing practices within the healthcare industry. For our Clinic side you will receive only one statement from William G. Binegar, MD. You will receive monthly statements which will reflect the total amount owing on your account(s) until a payment has been received or adjustment has been made by our billing department. If your account does not clear in a timely manner and you have not made payment arrangements or supplied requested information to our billing office, your account will be turned over to a third party collection agency. Please be aware if your account is turned to collections, you will be responsible for all interest accrued on your account. To prevent this from happening, we ask that you keep in communication and comply with our billing office in regards to your account. **All billing questions are to be directed to our billing coordinators: Shana Ingram, RN or Julie Browning, CMA, 208.342.8200.**

We will process patient charges as follows:

**SELF PAY / NO INSURANCE** – Payment is due in full at the time services are rendered, unless special arrangements have been approved by our Business Office.

**MEDICARE** – William G. Binegar, MD is a participating provider of Medicare. All Medicare supplemental insurances will be filed. Patients are responsible for their deductibles and co-insurance payments which are due in full at the time services are rendered.

**COMMERCIAL INSURANCE** – As a courtesy to you, we will file your primary, secondary and tertiary insurance. It is your responsibility to verify your benefits if authorization is required for our participation with your insurance company, prior to your appointment. You must provide correct insurance billing information, along with a

copy of your insurance card(s) at your appointment. Patients are responsible for the full balance on their accounts. Deductibles, co-pays and co-insurance payments are due in full at the time services are rendered.

**HMO / PPO PLANS** – As a courtesy to you, we will file your insurance. **It is your responsibility to verify your benefits and our participation with your insurance company, prior your appointment.** Patients are responsible for the full balance on their accounts. Deductibles, co-payments and co-insurance amounts are due in full at the time services are rendered.

**WORKERS COMPENSATION** – The injury must have been reported to your employer, reported to the workers compensation carrier and approved for coverage, prior to your appointment. You will need to provide us with the name of the workers compensation carrier, billing address, adjustor name and phone number, claim no. and date of injury. **Prior authorization must be received prior to your appointment(s).** It is your responsibility to verify authorization has been received.

**THIRD PARTY INSURANCE** – We will submit bills to your third party insurance claim if your adjustor informs Pain Care Boise that the claim is open and billable. We do require \$200.00 (total of \$400.00 per procedure) for all facility procedures on both Pain Care Boise and William G. Binigar accounts prior to treatment. For new patient visits, we require \$100 down payment and \$50 for each subsequent follow-up appointment.

**NO SHOW POLICY** – We require a 24-hour cancellation notice for all scheduled appointments not kept or you may be charged a \$25.00 fee for that missed appointment. Insurance does not cover this charge.

**RETURNED CHECK POLICY** – You will be charged a \$15.00 fee on all returned checks regardless of the reason.

**I understand that by signing this Financial Agreement form, I agree to all the above (regardless of insurance status). I am ultimately responsible in full for all charges and balances on my account(s) for all services rendered, to William G. Binigar, MD and Pain Care Boise. A copy of this agreement will be provided upon request.**

**Patient Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_  
(parent or guardian if minor)

**Pain Care Boise Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_