East Tennessee Spine & Sport
ONLINE FORM

Patient Billing and Payment Options

We would like to make the billing and payment process for services as simple as possible. Please read the following information regarding the financial policies of this office and initial the source of payment as an indication of how you would like our services to be reimbursed.

_____ 1. **Private Insurance and Medicare**: Professional services rendered to you (or minor child for whom you are responsible) by Spine & Sport are your sole financial responsibility. You further understand that Spine & Sport will bill your insurance as a courtesy, but you are ultimately responsible for payment. You are financially responsible for any and all allowable balances not paid by your insurance (i.e. deductible, copay, coinsurance, and denied charges). You are expected to pay your estimated personal portion the day of your visit. Any unpaid balance will be reflected in your monthly billing statement. Any unpaid charges on an account for 90 days are subject to collection action. *On occasion, an insurance company may send a check for the services to you directly. If this occurs, you must reimburse the payment to our office by signing over the check.*

_____ 2. **Worker's Compensation:** If you were injured during the course of your employment please notify the front office so that you may complete the appropriate paperwork. Coverage will be verified and we will bill the worker's compensation carrier directly.

_____ 3. **Personal Injury/No Attorney:** If you were in an accident and there will be a future settlement and you do not have an attorney, you are expected to make consistent payments as you receive treatment. You may be reimbursed for you payments if your case settles, however, you are responsible for your entire treatment, regardless of settlement amounts.

_____ 4**. Personal Injury/Attorney:** If you were in an accident and have an attorney we must have a lien on file signed by you and your attorney. This will allow you to receive treatment without payment until your case settles. You are ultimately responsible for the bill regardless of settlement amounts.

_____ 5. **Medicare:** If Medicare is your primary insurance we will bill Medicare directly. A notice of exclusion from Medicare benefits will be presented to you if any uncovered services or items are proposed as part of your program. You will be able to make an informed decision regarding the acceptance of any uncovered service prior to it occurring or becoming your financial responsibility.

_____ 6. **Cash:** If you do not have insurance, you will be expected to pay for treatment at the time of services. The initial evaluation is $130.00. The next seven (7) visits will be $80.00 per visit. Any visits beyond visit eight (8) will be $50.00 each until the end of treatment.

Patient Signature Witness Date