



PROFESSIONAL FEES

Pacific Pain Physicians are contracted with Sansum HMO plans and with SB/Ojai IPA for professional fees. Co-pays for office visits will be collected at the time of service.

Pacific Pain Physicians are not contracted with **Blue Cross, Blue Shield or any other private payers**. We will see all non-contracted insurance patients under their “out of network” benefits. We will bill your insurance for you. Once we receive payment from your insurance company you will be responsible for payment of any deductibles, co-pays and a **discounted portion of the unpaid balance**. You may check with the office staff once your procedures are ordered to ascertain what your maximum out of pocket expense would be for professional services. Please remember that this would be the maximum amount you owe for professional fees should your insurance pay “0”.

FACILITY FEES

If your procedure is scheduled in a surgery center or hospital, you will have to check with the facility to determine your insurance benefits for the facility. Facility fees are paid to the hospital or surgery center and are not determined, billed or collected by Pacific Pain Physicians.

If you do not understand your financial obligations, please ask for clarification prior to scheduling your procedure.

I have read and understand the difference between the facility and professional fees. I also understand that it is my responsibility to contact the facility for information concerning my insurance benefits and responsibilities to the facility.

SIGNATURE

DATE

De La Vina Street
Santa Barbara, CA 93105
805.563.0363
www.pacificpain.com



PACIFIC PAIN PHYSICIANS

We would like to thank you for choosing Pacific Pain Physicians as your medical provider. We are pleased to participate in your medical care and look forward to establishing a lasting relationship with you as our patient. We believe that all patients who come to this office deserve that best medical care that can be provided. In order for us to provide you with the highest quality medical care and current technology, we must insure that we are able to meet the expenses necessary to operate this facility. To ensure responsibilities as outlined in our Financial Policy. ***Your medical insurance is a contract between you and your insurance company.*** As a courtesy we will bill your insurance company for all visits however you are primarily responsible for charges that you incur as a patient per your insurance contract. Please review and sign the following financial policy prior to your visit.

FINANCIAL POLICY

1. **CO-PAYMENTS, DEDUCTIBLES AND FEES- *All co-payments, insurance deductibles, and fees for service not covered by your insurance policy are due at the time service is rendered.*** We accept cash, check, or credit cards (VISA, Master Card, or debit).
2. **INSURANCE** – Patients must complete and sign information and insurance forms prior to seeing the physician. ***You must present a current insurance card at each visit.*** We will submit insurance claims for all office visits. If there is a remaining balance due after payment is received from your insurance you will be sent an invoice for that amount. Payment is due in 30 days. ***If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will responsible for payment.*** If we receive payment at a later date, you will be reimbursed by Pacific Pain Physicians.
3. **OUTSTANDING BALANCES** – ***Just as we make every effort to accommodate you when you are in need of medical care, we expect that you will make every effort to pay your bill promptly.*** If you have a financial hardship or if you are unable to pay your bill in its entirety please contact our billing office to discuss payment options. ***If your account becomes delinquent (180 days past due) and***

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you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask that you seek your medical care from another medical provider.

4. **NO INSURANCE** – Payment will be due at the time services are rendered.
5. **WORKER’S COMPENSATION** – We need to receive authorization from your worker’s compensation carrier prior to your office visit and before we can process your medical claims. Pending appointments are contingent on authorization and may be rescheduled if authorization is not received.
6. **MISSED APPOINTMENTS** – Unless they are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. The fee for a missed office visit is \$25.00. The fee for a missed procedure appointment is \$50.00. ***The fees are not covered by your insurance plan and are your responsibility.***
7. **RETURNED CHECKS** – A \$50.00 charge will be added to your account for any check returned by your bank for any reason.

I have read the financial policy and agree to its terms. I acknowledge full financial responsibility for services rendered by Pacific Pain Physicians. I understand that I am responsible for prompt payment of any portion of the charges not covered by insurance, including co-insurance, deductibles and co-pays. I understand payment of co-pays is expected at time of service as well as any prior balances I may owe. I also consent that the payment of authorized Medicare or other insurance benefits be made on my behalf directly to Pacific Pain Physicians for rendered medical services. I agree to all reasonable attorney fees and collection costs in the event of default of payment of my charges.

Signed _____ Date _____

Relationship (if other than perfect) _____

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