



## BLUE CROSS/BLUE SHIELD PAYMENT POLICY

**Dear Patient:**

Recently our office received a notice that BC/BS will no longer be paying doctors directly for care. Instead they will only send insurance payments directly to patients.

For this reason, many doctors and hospitals will be requiring patients to pay at the time of service. For many, this will be a financial hardship. In an attempt to make our care more affordable and accessible to all of our patients, we will allow patients the courtesy of receiving payment from the insurance carrier first, and then forward those payment(s) to our office upon receipt.

Understand this is a courtesy and can be withdrawn at any time if we find a patient’s account overdue.

By signing this letter you agree to forward all payments to our office immediately upon receipt. If we received payment within 10 days of your receiving them, endorsed and un-cashed, with documentation we will accept those insurance payments in full and you will not be responsible for any additional amounts should they pay less than anticipated. *(Understand this may not include deductible amounts or co-payments, which you may have to pay under your plan.)*

Should you fail to forward payments immediately, however, our office will make you responsible for all charges, even those not covered by the insurance company. After 30 days if we do not receive payment, your account will be sent to our collection agency, or your credit card on file will be billed.

*I agree to send all insurance payments received with 10 days of receipt.*

**Patient Name** *(please print)*

\_\_\_\_\_

**Patient Signature**

**Date**

\_\_\_\_\_

*Please retain your credit card on file with us.*

**Credit Card:**      **Visa**      **Master Card**

**Name on Credit Card:**

**Card Security ID #:**

\_\_\_\_\_ *(Exactly as it appears on Credit Card)*

**Account #:**

**Expiration Date:**

\_\_\_\_\_

**Reminder:**

1. Send or bring all original checks to our office and **do not cash them**. Sign your name on the back of the check and write **“Pay to the order of The Spine & Health Center of Montvale”**.
2. Include all paperwork sent with the check by the insurance company.