



PAYMENT POLICIES/ASSIGNMENT OF BENEFITS

We are committed to providing you with the best possible care. Please read carefully and sign at the bottom of the page indicating your acceptance of our policies and procedures.

1. PAYMENT IS DUE AT THE TIME OF SERVICE UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE AND APPROVED IN ADVANCE.

- Your insurance is a contract between you, your employer and the insurance company. We are not included in your contract.
- Not all services are covered by all insurance policies. Some companies select certain services that they will not cover
- The “Usual and Customary Charges” that may be quoted by your insurance company are charges that have been determined and set by your insurance company. They do not necessarily reflect our fees.
- If your account becomes past due and goes to our collections agency, you are responsible for all fees incurred.

2. OUR OFFICE PRIDES ITSELF ON OUR ABILITY TO SEE PATIENTS IN A TIMELY MANNER AND ACCOMODATES PATIENTS WITHIN 24 HOURS OF REQUESTING AN APPOINTMENT. WE THEREFORE REQUIRE 24 HOURS NOTICE FOR ALL CANCELLATIONS. THERE MAY BE A FEE FOR CANCELLATIONS MADE WITH LESS THAN 24 HOURS NOTICE.

1ST CANCELLATION: NO FEE
2ND CANCELLATION: \$50
3RD CANCELLATION: \$125 (FULL PRICE OF AN OFFICE VISIT)

3. I HEREBY INSTRUCT MY INSURANCE COMPANY TO PAY BY CHECK MADE OUT TO THE SPINE & HEALTH CENTER OF MONTVALE.

- This is a direct assignment of my rights and benefits under my health insurance policy. I agree to pay any balance of professional services charged over and above this insurance payment.
- If my current policy prohibits payments directly to the doctor, I agree to mail the check (original or personal) as payment for services rendered.

4. I HAVE RECEIVED A COPY OF OUR NOTICE OF PRIVACY PRACTICES.

Patient/Policy Holder Name *(Please Print)*

Patient/Policy Holder Signature	Date
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