



Advanced Sports & Spine

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FINANCIAL POLICY FOR PATIENT CARE SERVICE

To help us provide the most efficient and reasonable health care services, it is necessary for stating our requirements for payment of services provided to our patients. Patients are responsible for the payment of all services provided by our office. It is our policy to file insurance as a courtesy for you if we have accurate and complete insurance information. The balance due is still your responsibility if we have not received payment from the insurance company within 30 days.

If you have insurance and we file with your carrier, we ask that you pay ahead of time on the balance which is your responsibility according to your plan (i.e. any deductible, co-pay, coinsurance amounts. For Medicare patients we will wait until we have received payment and then bill you for any remaining balance due. Since we are not a party to the agreement between you and your insurance company, we ask that you assist us in contacting them in the event that services are not paid within 30 days.

For patients with private insurance as your primary or secondary carrier, we can only provide you with an estimate of the cost of your services. We obtain this information by contacting the insurance carrier and referencing our contracts with your carrier. The outstanding balance on your deductible is only an estimate. If a refund is due after payment is received, it will be issued to you in the form of a check via USPS.

For Worker's Compensation claims, it is our policy to bill your employer or the Worker's Compensation carrier for services rendered. If you are covered, we will accept the payment made by Worker's Compensation as payment in full. If Worker's Compensation denies payment or goes into litigation, the entire balance will become your responsibility and will be due within 10 days from the date of the denial. It is your responsibility to contact us with the name and address of your employer or the insurance company at the time the appointment is made and to provide the office with a copy of your notice of compensation payable letter from Worker's Compensation. All insurance is verified prior to the patient's initial visit.

If you do not have insurance and are not covered by either Medicare or Medicaid, you will be considered a "SELF PAY" patient.

Payment is due in full at the time of service. This assist us in cutting down on billing and operating expenses.

Patient "No Shows" and cancellations are a tremendous loss for a practice. Please help our office reduce those losses by canceling within 24 hours if you cannot keep your appointment. Failure to give notice 24 hours prior to your appointment will result in a \$25 fee to be paid by the patient.

We ask that you read this policy and aid us in keeping our cost down by ensuring that we are able to be reimbursed for our services on a timely basis. We welcome the opportunity to discuss any aspects of our financial policy.

To help in this policy we ask that you assist us by:

1. Providing us with current and updated information on yourself and your insurance company and to keep all changes up to date.
2. Make payment at the time of service for the entire balance if you are a "Self Pay" patient, or for the amount of any deductibles or co-pays that may be due.
3. Understand that any co-pays applicable to your visits will be due at the time of service. We do not finance co-pay amounts.

Patient Signature: _____ Date: _____ Staff Signature: _____