

**BUFFALO SPINE AND SPORTS INSTITUTE OFFICE POLICIES
PLEASE READ, INITIAL EACH SECTION, AND SIGN BELOW:**

Patient Name: _____ **Date of Birth:** _____

_____ **BILLING POLICY**--Buffalo Spine & Sports Institute participates with many insurance carriers and accepts assignment from many others. Please remember, ultimately you are responsible for providing sufficient billing information and determining whether our services are covered by your insurance contract.

_____ **REFERRALS AND CO-PAYMENTS**--If your insurance requires a referral, it is your responsibility to obtain a valid referral at the time of treatment. You are always responsible for applicable co-payments and deductibles as determined by your insurance company. Co-payments and co-insurance are always expected at the time of service unless our billing department has made prior arrangements. An \$8.00 billing service charge will be added to your account if payment is not received when services are rendered. Patients who have been delinquent in co-payments will be sent one final notice and then will automatically be sent to our collection agency.

_____ **NO-SHOW POLICY/SAME-DAY CANCELLATION**--To cancel an appointment, patients must notify the office 24 hours PRIOR to their appointment. Patients who fail to notify our practice of their inability to keep an appointment 24 hours prior to the appointment date will be billed \$25.00 for a regular appointment and \$50.00 for an EMG or Epidural Injection visit. Patients who fail to keep the rescheduled appointment (second) will be billed for that appointment and discharged from the practice for non-compliance with the physician's plan of care.

_____ **LATE SHOW POLICY**— Our providers know your time is important and we hope you understand the value of our time. We want to be able to provide every patient with all the attention they require. Therefore, if you are 10 minutes or more late for your appointment, it may be necessary to reschedule for a later time or day. It is at the discretion of the provider to see the patient or to ask the patient to reschedule. If it is determined that the provider will see the patient, the patient arriving late may have to wait until an appropriate opening is available.

_____ **OTHER INSURANCE**--If we do not participate with your insurance, you are responsible for payment in full at the time of your visit. Our office will bill your insurance carrier on your behalf. If the claim fails to pay our office in 60 days or there is no response from the insurance company, the balance will be transferred to patient responsibility. You will receive a statement from our Billing Department reflecting this.

WORKERS' COMPENSATION & MOTOR VEHICLE ACCIDENTS--If

Worker's Compensation or No Fault is your primary insurance, you are responsible for providing us with accurate information regarding the date of injury, WCB and Carrier Case numbers, as well as your insurance company's name and address. If your case is denied, all outstanding balances and future services will be your responsibility unless you have a secondary insurance. In order for our office to bill your private health insurance, all information must be provided at your initial to insure timely filing of your claim.

FORM COMPLETION—

There will be an administrative fee of \$10.00 per form for completion of insurance forms. This fee is not covered by insurance. This fee must be paid in full prior to form completion. Please be aware that these services may require up to 10 business days to process. This fee does not apply to forms related to Workers' Compensation or No-Fault claims.

PHYSICAL THERAPY REFERRALS--

As physical medicine and rehabilitation specialists, we are closely involved in the physical therapy aspect of our patients' care. In fact, we often design and teach exercises and manual techniques to physical therapists in the community. Because physical therapy is a direct extension of our treatment plan, we feel strongly that your treatment outcome will be optimized if you work with the physical therapists we have hand-picked as the best in the area. There are several groups that you can choose from in the Western New York region. If you choose to work with a group that was not recommended, we will not be responsible for your outcomes with that group and will ask you to obtain your physical therapy prescription from your primary care provider or another physician. Please remember that proximity and convenience does not equal quality.

Patient/Guardian Signature

Today's Date