

# Spokane Rehab & Pain Clinic, LLC

## Financial Policy

Please read and sign, indicating your understanding of the following information. If you have questions, please do not hesitate to ask. It is important that you understand these specific policies of the Spokane Rehab & Pain Clinic, LLC and that you understand how your insurance company will handle your claims.

\_\_\_\_\_ It is my responsibility to provide the office with current and correct insurance information.

Failure to do so could result in my insurance company rejecting my claims for failure to obtain authorization or timely filing. In the event that this should happen I will be responsible for the incurred charges.

\_\_\_\_\_ It is my responsibility to verify your coverage and adhere to the restrictions of my plan.

SRPC participates with most major medical insurance companies. However, Insurance companies frequently specify the time frame in which patients can be seen and the coverage widely varies group to group. If appointments are made that are not covered by my insurance plan, I will be responsible for payment.

\_\_\_\_\_ SRPC does not always know if I have a deductible, if my deductible has been met, or if I have co-insurance. It is my responsibility to know this information. I am responsible for all charges that are not paid by my insurance company, including those applied to my deductible or co-insurance.

\_\_\_\_\_ I will need to sign a self-pay waiver if I have no insurance. This waiver clarifies my financial responsibility and helps prevent misunderstandings.

\_\_\_\_\_ Discounts are offered on some medical services, but ONLY if I pay at the time of service. If I have no insurance, or if I am receiving services that are not covered by my insurance plan, I may be eligible for a discount on some medical services. Payment must be made at the time of service for the discount to apply. The owner can let you know if the services I am receiving qualify for the discount. It is my responsibility to ask the owner for the discount.

\_\_\_\_\_ If I have a co-pay, I am expected to pay this when I check in for my visits. Most insurance companies assign a co-payment to the patient and it is our responsibility to collect this at the time of service. We take checks, cash, and credit cards. Patient should prepare to pay the co-pay when they check in for each visit.

\_\_\_\_\_ I will be charged if I fail to show up for my appointment or if I cancel my appointment with less than 24 hours' notice. Exceptions may be made for inclement weather. The correct number to call when canceling an appointment is 509-808-6265.

\_\_\_\_\_ I consent to be contacted by regular mail, e-mail, or telephone (including wireless/cell number) regarding any matter to my account(s). This consent applies to all Spokane Rehab & Pain Clinic, LLC healthcare providers and/or any entity working on behalf of SRPC. This consent includes any updated or additional contact information that I may provide and includes phone calls that employ auto-dialer technology and prerecorded messages. If I wish to revoke this consent, I agree to provide notice of that revocation by contacting Spokane Rehab & Pain Clinic, LLC.

I understand that Spokane Rehab and Pain Clinic, LLC will need to use and disclose certain medical information about me as it relates to my treatment, payment for treatment, and healthcare operations. I have been provided with a notice that describes how my medical information may be used and disclosed and how I can access this information.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date