



INTERVENTIONAL SPINE MEDICINE

Leaders in Innovative Pain Management

944 Calef Highway Barrington, ,NH 03825
Telephone: 603-664-0100 Fax: 603-664-0101

Email: ISMscheduler@nhpain.com or www.ism@nhpain.com

Billing Policies

INSURANCE INFORMATION AND BILLING POLICY:

Interventional Spine Medicine participates with Aetna, Anthem-BCBS of NH, Cigna of NH, Harvard Pilgrim, Medicare, Tufts, Martins Point, and Tricare. For these participating carriers, Interventional Spine Medicine will submit all claims and necessary supporting documentation on your behalf. **Any co-payment required by your plan will be collected up-front at the time of your office visit a \$20 service fee will be charged for non-payment at time of service for all scheduled office visits or consults.** After final payment has been received from your insurance company, you will be billed for any remaining patient due balance, as specified by your carrier. If deductibles have not been met, you are responsible for payments.

If your insurance company is not listed here Interventional Spine Medicine will consider you a self-pay patient. If you are new to ISM you will be required to pay in full up-front at time of service by either cash or credit card. Established patient will be required to pay fifty (50%) of the balance up-front at time of service. ISM will, as a courtesy to you, submit your claim to your insurance carrier. However, you will immediately become responsible for payment of the balance of your account. Please note: For those insurance carriers that ISM does not participate with the claim check may be mailed directly to you. In these cases please sign and forward the check to our billing office.

You will be responsible for ensuring we have all necessary referrals or pre-certifications prior to your scheduled appointment. If you do not have a referral or pre-certification in place when you arrive for your visit you will be held responsible for payment of your office visit or procedure or your appointment may need to be rescheduled.

A picture ID is scanned into your record for security purposes, failure to comply may result in refusal of treatment.

WORKERS COMPENSATION:

Interventional Spine Medicine will submit "open" claims only, on your behalf, unless we are aware in advance that the claim will be denied. It is your responsibility to provide the office staff with complete insurance information, as well as your current case management contact and phone number. ISM will bill your primary health insurance in cases where worker's compensation denies the claim for whatever reason. Any balance not paid by the worker's compensation carrier or primary health plan will be your responsibility.

MOTOR VEHICLE ACCIDENT (MVA) AND LITIGATION CASES:

Interventional Spine Medicine does not recognize MVA or Litigation claims. As such, you will be classified as a self-pay patient unless you have active health insurance coverage as specified above, in which case we will submit all claims to your health insurance carrier.

SELF-PAY POLICY:

All self-pay patients (no insurance, non-participating insurance carrier, motor vehicle accident (MVA) or litigation claimants) will receive a 40% "quick-pay" discount off our current rates for paying up-front at the time of service. Otherwise, you will be required to pay at least 50% of the office visit or procedure up-front at the time of service and will be billed for the remaining balance. New patients who are self-pay must pay for their initial visit up-front at the time of visit in cash, by credit card (Discover, Visa and MasterCard) or money order (personal checks will not be accepted).

CANCELLATION POLICY:

A 24-hour notice is required for cancelled appointments. A \$50 cancellation fee will be imposed for any appointment not cancelled with a 24-hour notice. Repeatedly not showing for your scheduled appointment may result in discharge from the practice.

A 48-hour notice is required for cancelled procedures. A professional fee of \$100 will be imposed for any procedure not cancelled with a 48-hour notice.

RETURNED CHECKS:

A fee of \$25.00 will be charged to your account for any/all returned check(s). All future payments must be made in cash, charge, money order or bank check.

PAST DUE BALANCES:

To avoid interruption in provided care, all past due balances are expected to be paid in full prior to future treatment, unless you have made payment arrangements prior to your appointment.

We are pleased to service you and welcome your feedback at all times. Our front office staff would be glad to answer any questions you may have in regards to these policies.

I have read and understand the above:

Patient Signature: _____ Date: _____