



## **FINANCIAL AGREEMENT**

Patients are responsible for any and all charges incurred resulting from treatment provided at Pain Care Boise. As a service to our patients, Pain Care Boise will file claims with most insurance carriers directly; however, you are primarily responsible in full for your balance and for all services rendered. Please be aware that the contractual agreement is between yourself and your insurance company, not the physician's office. It is your responsibility to call and verify your coverage, know your benefits and know if authorization is required prior to scheduling your appointment. In cases where we participate with your insurance as a preferred provider; deductibles, co-pays, and co-insurance payments are due in full and expected at the time of service. All quotes given by our business office for services, co-pays, co-insurance, etc. are estimates only. We accept money orders, personal checks, Visa, MasterCard, and Discover as payment options.

**COLLECTION PROCEDURE** – For ASC procedures, you will receive two statements; one for the professional physician service, William G. Binengar, MD and one for the ambulatory surgery center facility, Pain Care Boise. These separate statements conform to current standards of billing practices within the healthcare industry. For clinic visits you will receive only one statement from William G. Binengar, MD. You will receive monthly statements which will reflect the total amount owing on your account(s) until a payment has been received or adjustment has been made by our billing department. Any balance older than 60 days will begin accruing 21% interest, or five dollars, whichever is greater. If your account does not clear in a timely manner and you have not supplied requested information to our billing office, your account will be turned over to a third party collection agency. To prevent this from happening, we ask that you keep in communication and comply with our billing office in regards to your account.

It is your responsibility to update Pain Care Boise with an insurance changes prior to a scheduled appointment.

**All billing questions are to be directed to our billing specialist, Shana at 208-342-8200.**

**We will process patient charges as follows:**

**SELF PAY / NO INSURANCE** – A \$250.00 non-refundable deposit is required at the time of scheduling a New Patient Consultation. Future appointments will be given a 40% discount and payment is due in full at the time services are rendered.

**MEDICARE** – William G. Binengar, MD is a participating provider of Medicare. All Medicare supplemental insurances will be filed. Patients are responsible for their deductibles, co-pays, and co-insurance payments which are due in full at the time services are rendered.

**COMMERCIAL INSURANCE** – As a courtesy to you, we will file your primary and secondary insurance. It is your responsibility to verify your benefits if authorization is required for our participation with your insurance company, prior to your appointment. You must provide correct insurance billing information, along with a copy of your insurance card(s) at your appointment. Patients are responsible for the full balance on their accounts.

**WORKERS COMPENSATION** – The injury must have been reported to your employer, reported to the workers compensation carrier, and approved for coverage prior to your appointment. You will need to provide us with the name of the workers compensation carrier, billing address, adjustor’s name and phone number, claim number, and date of injury. **Prior authorization must be received prior to your appointment(s).** It is your responsibility to verify authorization has been received.

**ANESTHESIA CARE** - If you receive anesthesia administered by an outside anesthesia professional during your procedure at Pain Care Boise, you will also receive a statement from their company, in addition to William Binegar, MDPA and Pain Care Boise.

**OUT OF NETWORK** - Pain Care Boise offers an out of network discount for patients that choose to receive treatment at our facility.

**NO SHOW POLICY** – A patient’s credit or debit card may be used to hold an upcoming appointment. Pain Care Boise requires a 24-hour cancellation notice for all scheduled appointments not kept or the patient may be charged a \$25.00 fee for the missed appointment. Insurance does not cover this charge.

**RETURNED CHECK POLICY** – You will be charged a \$25.00 fee on all returned checks regardless of the reason.

**I understand that by signing this Financial Agreement form, I agree to all the above (regardless of insurance status). I am ultimately responsible in full for all charges and balances on my account(s) for all services rendered, to William G. Binegar, MD and Pain Care Boise. A copy of this agreement will be provided upon request.**

**I also understand that, if requested, a clinical summary of my visit will be provided within 3 business days.**

**Patient Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_  
(parent or guardian if minor)

**Pain Care Boise Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_