

You are financially responsible for the medical services you receive. Please review our policies below and sign at the end to indicate your understanding of and agreement to these terms.

1. Your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for payment in full for all medical services provided to you. Any charges not paid by your insurer (including no-show fees as per below) will be your responsibility, except as limited by our contract (if applicable) with your insurance carrier. Please follow up with your insurance to resolve non-payment issues. Balances are due within 30 days of receiving a statement.
2. We participate in many but not all insurance plans. It is your responsibility to contact your insurance company to verify that your assigned healthcare provider participates in your plan. Out of network charges may have higher deductibles and copayments. Also, if your insurance carrier pays you directly, you are solely responsible for payment and agree to forward the payment to NAPM immediately.
3. NAPM may provide services requiring prior authorization, or excluded by your insurance plan. It is ultimately your responsibility to ensure that services provided to you are covered benefits and authorized by your insurer. As a courtesy to our patients, NAPM makes a good faith effort to determine if services we order are covered by your insurance plan, and, if so, whether or not prior authorization for treatment is required. If prior authorization is required, we will attempt to obtain such authorization on your behalf.
4. It is your responsibility to inform us immediately of any changes to your billing or insurance information. There is a time limit within which NAPM must submit a claim on your behalf to your insurer. If NAPM is unable to submit your claim within this period because we have not been supplied with your correct billing/insurance information, you will be responsible for the charges.
5. If you do not have health insurance, or if your health insurance will not pay for services rendered by NAPM, you are considered a self-pay patient. Your charges will be based on our current self-pay fee schedule (available from our front desk). Self-pay patients are expected to make payments in full at the time of service.
6. Copayments for clinic visits and procedures are due at the time of service. Procedure prepayments are based on an estimate of your expected financial responsibility. This is an estimate only. You are responsible for any unpaid balance after your insurance has been billed. If you are unable to pay your copayment at the time of service, Northern Anesthesia & Pain Medicine, LLC (NAPM) reserves the right to reschedule your appointment until a time that you are able to make your copayment; this includes any outstanding balance.
- 7. If you are more than 15 minutes late for your scheduled appointment, we may reschedule your appointment, and you may be responsible for paying a no-show fee as per item 8, below.**

FINANCIAL POLICY



8. Missing an appointment, and especially a procedure not only results in a significant cost to NAPM (well in excess of the no-show fees we charge), but is also unfair to the community and the many patients who are waiting to be seen and treated, and could have accomplished that within the appointment slot that was held and missed. **If you:**

- a. Fail to notify us of cancellation or your need to reschedule less than 24 hours prior to your scheduled appointment, or**
- b. Fail to show up for an appointment or are more than fifteen minutes late**

NAPM may charge a no-show fee, not covered by any insurance carrier of \$50.00 if a regular clinic visit, or \$150.00 if a procedure. NAPM will also reserve the right to forego scheduling future clinic visits/procedures until the no-show fee is paid. The no-show fee applies to/is subject to the considerations and conditions of collection detailed in item 9, below.

9. If you have an outstanding balance over 120 days old and have failed to make payment arrangements (or become delinquent on an existing payment plan), we may turn your balance over to a collection agency and/or an attorney, which may result in reporting to credit bureaus and/or legal action. NAPM reserves the right to refuse treatment to patients with outstanding balances over 120 days old. You agree to pay NAPM for any expenses we incur to collect on your account, including reasonable attorneys' fees and collection costs.

10. Charges shown on statements are agreed to be correct and reasonable unless protested in writing within thirty (30) days of the billing date.

11. Returned checks will be subject to a \$43 returned check fee.

12. Refunds for overpayment or prepayment on cancelled procedures are made only after there has been full insurance reimbursement for all medical services on your account. Please submit a written refund request and allow four (4) to six (6) weeks for your request to be processed. Send requests to:

Northern Anesthesia & Pain Medicine Billing Dept.
c/o Alaska Health Services
3220 Providence Drive, Suite E3080
Anchorage, Alaska 99508

I have read and understand the financial policy of Northern Anesthesia & Pain Medicine, LLC, and I agree to abide by its terms. I hereby assign all medical and surgical benefits and authorize my insurance carrier(s) to issue payment directly to Northern Anesthesia & Pain Medicine, LLC. I understand that I am financially responsible for all services I receive from Northern Anesthesia & Pain Medicine, LLC. This financial policy is binding upon me and my estate, executors and/or administrators, if applicable.

Signature: _____

Date: _____

Printed Name: _____