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OFFICE POLICIES FOR APEX SPINE INSTITUTE

Patient Information:

You are required to provide photo identification at each visit along with any current insurance information. Please notify the receptionist when you have any changes to the following: address, phone (work, cell, or home), insurance.

Co-pays/Coinsurances/Deductibles:

If your insurance requires any of the above, you will be asked to pay this at the time of service. For your convenience we accept cash, check, debit/credit cards (Visa, MasterCard, Discover and American Express).

Outstanding Balances:

Outstanding balances must be paid prior to the next visit or within ninety (90) days, whichever comes first, unless a payment plan has been executed. Unpaid accounts over ninety (90) days old may be referred to Evergreen Financial for collections.

Cash Pay:

We ask that payment be made in full at the time of service unless prior arrangements have been made with a Patient Account Representative. We accept cash, check, debit and/or credit cards (Visa, MasterCard, Discover and American Express). Cash pay costs are determined by the charge amount that is billed to insurance for services rendered. If we are an out of network provider with your insurance company and you do not have out of network benefits, then you will be considered a cash pay patient and agree to the cash pay policy above.

Reminder Calls:

As a courtesy you will receive an automated reminder call for your scheduled clinic appointment. We ask if you are unable to make this appointment that you notify us as soon as possible. Ultimately, it is your responsibility to remember your appointment time and date.

Canceled or Missed Appointments:

We will do everything possible to make sure that your appointment is on schedule. Patients arriving more than 15 minutes late may not be seen. New patients who do not arrive early enough to complete paperwork before their appointment may need to be rescheduled.

No Shows:

If you are unable to show up for a scheduled appointment we require a phone call 24 hours (not including weekends) in advance. Failure to provide proper notice may result in a cancellation fee. If an emergency arises and you need to call and cancel an appointment with less than 24 hours notice, please let the receptionist know the reason for your cancellation. If this is not done the cancellation may be designated as a "No Show". After three (3) "No Show" appointments, Apex may discharge you from the clinic.

Insurance:

Many people are under the impression that if they have insurance, it is the insurance company that owes Apex for your services. This is NOT the case. Apex bills your insurance as a courtesy. The insurance contract is between you and the insurance company. If your insurance does not pay Apex please contact the billing department to make payment arrangements.

Workman's Compensation/Motor Vehicle Accidents:

All claim information must be provided prior to scheduling an appointment in order to verify the claim is open and allowed, or that Personal Injury Protection is not exhausted. Your appointment may be rescheduled if we are unable to verify this information. If no private insurance is available and we are unable to verify an open claim, there is a mandatory \$150.00 deposit required at time of service in the form of cash/check/credit/debit/money order. Once we verify a claim is open and allowed, we will refund any money paid by the patient once payment is rendered by the claim (refer to Refund policy).

Prescription Refills:

We require 24-48 hours notice on all refills. Refill requests accepted during office hours only, as posted, or online via our website. Any prescription refill requests need to go through your pharmacy. Request a fax to be sent to our office for the refill. Due to our surgery schedules, the physicians are not always available to sign medication requests.

Forms and/or Paperwork Fee:

There is a \$15.00 fee for the completion of a form or paperwork. We require 7-10 working business days to complete both.

Bankruptcy/Collections:

If you have previously declared bankruptcy with our clinic, or been sent to collections, you will be required to sign a Bankruptcy or Collections Contract. There is a \$75.00 deposit prior to each visit in the form of cash/credit/debit/money order. After each visit, your patient responsibility will be calculated and the deposit will be applied, any additional amount owing will be collected at this time. Any refund will be processed at this time. As a courtesy we will bill your insurance.

Refund:

If you feel you have a credit on your account, please contact the Billing Department. If all your care is completed and all services have been paid a refund will be issued within four (4) weeks after an account audit has been conducted. Even if no request has been made account audits are regularly conducted and any refund owing will be issued once audit is completed.

I have read and agree to the above. Further, I agree that if I fail to abide by these policies I may be discharged from the clinic.

Patient Name (Print)

Date of Birth

Patient Signature/Signature of Authorized Person

Date