



Financial Policy

Patient Name: _____ Acct #: _____ Date: _____

Thank you for choosing Novus Spine & Center. We strive to offer the best healthcare services to our patients. Part of that service is providing transparency regarding any financial responsibilities. If at any time during your visit you have questions or concerns regarding your potential costs of services, please alert one of our team members.

Please review the following.

1. Novus Spine & Pain Center verifies your benefits with your insurance company prior to each visit. Verification of your benefits with your insurance company is not a guarantee of benefits or payment. You are responsible for paying any out-of-pocket expenses as part of your benefit coverage. Be advised having more than one insurance policy is not a guarantee that all of your out-of-pocket expenses will be covered.
2. As a courtesy, Novus Spine & PainCenter provides 2 options for you to pay your out-of-pocket expenses for services provided.

Estimate of Cost

Pay today an **estimate** of fees owed for your visit. A team member will review your estimated out-of-pocket expenses at the end of your visit today. After your insurance company processes your claim you may have additional out-of-pocket expenses for which you will be billed or you may be due a refund.

Authorized Payment Option

Pay your **exact** out-of-pocket expenses after your insurance company processes your claim. This process requires us to secure your credit card information. After your insurance company has processed your claim your credit card will be charged the determined amount for any balance owed. You will be notified of the exact amount before your credit card is charged.

3. Assignment of Benefits: In consideration of the treatment being rendered, you hereby irrevocably assign any and all insurance benefits you have to Novus Spine & Pain Center for services provided to you. You understand you remain personally financially responsible for any services not covered by your insurance benefits or plan.
4. For Self-Pay patients with no active insurance coverage, Novus Spine & Pain Center offers a flat rate of \$250.00 for the initial office visit and \$125.00 for each follow-up office visit. Please note separate fees apply for Urine Drug Screens. Additional charges apply for services not included in the office visit (examples include DME, MRI, EMG, therapy, surgery). Payment is required prior to services being rendered.
5. If your balance is not paid or a payment arrangement has not been made after two (2) attempts to collect, a **\$25 service charge** may be assessed as a late fee on your account. Any unpaid balance may be turned over to an outside collection agency.
6. There will be a \$35 fee assessed for insufficient funds when paying by check.
7. **A No Show fee of \$300 will be charged for patients who do not cancel or reschedule their Established Office visit appointments prior to 24 hours before their scheduled appointment. A No Show fee of \$500 will be charged for patients who do not cancel or reschedule their NEW patient appointments prior to 24 hours before their scheduled appointment. A No Show fee of \$1500 will be charged for patients who do not cancel or reschedule their Office Procedure appointments prior to 48 hours before their scheduled appointment.**
8. There is a charge for completing individual medical forms, disability, work restriction, employer forms, school forms, etc. Please allow five (5) business days to process all form requests.
9. There is a cost for other service(s) such as copying x-ray images and medical records.

By signing below I understand and accept the financial policy Novus Spine & Center.

Patient or Patient's Representative or Responsible Party

Date

Print Name (and relationship to patient)