

**ADVANCED PAIN MEDICINE ASSOCIATES  
3715 N. OLIVER  
WICHITA, KS 67220**

**PATIENT FINANCIAL POLICY**

Advanced Pain Medicine Associates is committed to providing you with the best possible care and will be happy to discuss questions regarding our policies, fees or your responsibilities at any time. A clear understanding of the "Patient Financial Policy" is important for the entire scope of your care.

All patients must complete our "Patient Information Form" before seeing a provider. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance, phone changes etc....)

**INSURANCE:** As a courtesy we will file your insurance claims. We will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply factual information as necessary.

**REGARDING HMO'S, PPO'S AND MANAGED CARE PROGRAMS:** It is your responsibility to obtain referral forms required by your particular insurance company. We will do our best to remind you when a referral is due, but ultimately you are required to keep track of the referrals on hand. If you present to the office without a current referral you will be asked to sign an advanced beneficiary form and you will be responsible for the bill or reschedule the appointment.

**COPAYS:** You are expected to pay your copay prior to seeing your provider. If you are unable to pay, you will be required to reschedule your appointment.

**REGARDING PATIENTS WITH NO INSURANCE:** We will not set up payment arrangements, therefore if you do not have coverage you will be required to pay for your service prior to seeing the provider.

**REGARDING MEDICARE:** Our providers are all participating with Medicare. We will file all claims with your Medicare and your supplemental insurance, if applicable. If you do not have a supplemental insurance you will be responsible for the co-insurance and/or deductible amount following the processing of your claim.

**REGARDING MEDICAID:** Our providers do not participate in any form of Kansas Medicaid or Medikan program. You are considered a cash pay patient and the payment is required on the date of service.

**FORM COMPLETION:** A charge of \$20.00 is due before the forms will be completed. (Disability, FMLA, Physician statements, etc.)

**WORKERS COMPENSATION/AUTO LIABILITY:** Our office requires authorization prior to the initial visit. We will do our best to obtain the authorization prior to the visit. You are also required to provide us with Health Insurance coverage in case your workers' comp or auto denies the service. If you do not have health insurance you may be asked to pay for the service in advance. Any claims paid after we have received your payment will be refunded promptly.

**COPAYS/DEDUCTIBLES/GUARANTOR RESPONSIBILITY:** Our office requires payment in full for any balance not paid by insurance within three months from the date of service. If you are unable to pay your balance in full it is the patient's responsibility to make arrangements with our business office.

**RETURNED CHECKS:** There is a \$30 returned check fee payable in cash or money order.

**NO SHOW APPOINTMENTS:** You are expected to show for the appointments made for us to adequately provide care. Failure to provide notice of 24 hours that you will not be keeping your appointment may result in termination from the practice.

**I understand I may be charged for any appointments missed without giving 24 hours prior notice.  
By signing this from I acknowledge that I have read this policy and understand the terms outlined above. Failure to comply with the financial policy of APMA may result in suspension of services or dismissal.**

\_\_\_\_\_  
Patient Name – please print

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date