Advanced Spine Associates, P.A.

8232 Hwy 65 • Spring Lake Park, MN 55432
Phone: 763.46.7100 • Fax: 763.746.7199 • Federal Tax ID #41-1897350

Surgeons Specializing in Spinal Disorders

Financial Agreement and Authorization for Treatment

Patient's Name: _____

I authorize treatment of the person named above. I agree to pay all charges for me and members of my family promptly after receipt of statement thereof, unless credit arrangements are agreed upon in writing. Charges shown by statements are agreed to be correct and reasonable unless protested in writing within thirty (30) days of billing date. In the event legal action should become necessary to collect an unpaid balance due for medical services rendered to my family or me, I agree to pay all reasonable attorney fees or other such costs as the Court determines proper.

It is agreed that payments will not be delayed or withheld because of any insurance coverage or any claims still pending insurance and all proceeds of insurance are assigned to this office where applicable, but without their assuming responsibility for the collection thereof. (A copy of this assignment is as valid as original.)

In compliance with the Federal Consumer Protection Act, Advanced Spine Associates, P.A. wishes to notify you of its policies regarding the financial responsibilities associated with services rendered to you or a member of your household/family.

- Uninsured patients will be required to pay for their visit by cash or credit card at the time of the service.
- If applicable, we will furnish you with a monthly statement of your account showing both the amounts billed to you and the payments or credits to your account. The monthly statement will also provide you with a detailed aging of unpaid balance. You will not receive a statement before insurance has paid or denied your claims.
- We will file your claims to your insurance company. However, you are required to notify us of any changes in your insurance. If we encounter problems with your insurance company, your assistance is required.
- Please remember that your insurance policy is a contract between you and your insurance company. If your insurance does not pay your claim within 30 days after it is mailed, we ask that you contact your insurance company regarding settlement. We will assist you in processing your claim; however, our account is billed to you and you are personally responsible for payment of your account.
- If for some reason you are having a personal financial crisis, you should contact our business office to discuss a payment schedule.

We may accept late payments, partial payments, or any payments marked as being paid in full or as being in settlement of any dispute without losing any rights under the law.

A $30.00 FEE will be charged for each insufficient funds check returned and payable to Advanced Spine Associates, P.A. (Your bank may also charge you a fee).

In case of errors or inquiries about your bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write or call us at Advanced Spine Associates, P.A., 8232 Highway 65 NE, Spring Lake Park, MN 55432 or call 763-746-7180 as soon as possible. We must hear from you no later than thirty (30) days after we sent you the first bill on which the error or problem appeared.

In your letter, please give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about.

The undersigned hereby acknowledges to have read and agrees to the above financial credit payment policies of Advanced Spine Associates, P.A.

Signature_____ Date_____

(Patient or Authorized Representative)

Form updated 08/09/12