

Dear Patient:

Re: **TEN IMPORTANT THINGS TO KNOW ABOUT POLICIES AND PROCEDURES**

1. We request twenty-four hours for renewal of prescriptions. Please contact our office **before** your medication is completed. The doctor must review your file and record the script refill appropriately.
2. There is a nominal fee for special forms you may need completed. You may check with the staff for fees, which are payable in advance.
3. We require twenty-four hours notice for cancelled and rescheduled office appointments. We reserve a significant amount of time in our schedule and do not “stack” or “double-book” appointments. Failure to notify our office at least twenty-four hours prior will result in a \$25.00 charge that the **patient** is responsible for.
4. Please contact our office if you need to reschedule your therapy appointment. If you miss three appointments, your time slot will be forfeited to another patient and you will be released from PBNC’s care and recommended to follow-up with your primary care physician.
5. Children are **not** allowed in the rehabilitation areas or examination rooms.
6. Our office will verify insurance information. Please note that benefits quoted by your insurance company are **not a guarantee of payment**.
7. We file the initial claim to your insurance company at no charge to you. We include all medical records and data when the claim is submitted. If it becomes necessary to resubmit a claim, you may be charged.
8. Your co-pays are due at the time of service unless you have made previous arrangements for a payment plan. We will be happy to bill you by mail with a \$4.99 monthly processing fee added to each statement.
9. You are ultimately responsible for charges incurred regardless of the insurance’s involvement. Your insurance policy is a contract between you and your insurance company. It is your responsibility to follow-up on claims that are not paid in a timely manner.
10. After 60 days, any balance still outstanding on your account becomes your responsibility, and we expect payment in full at that time.

The above information has been explained to me, and I understand the policies and procedures of Physicians Back and Neck Clinic.

Signed

Date