

PAIN CONSULTANTS & INTERVENTION- EDWARD POON, MD
3860 MASTHEAD ST. NE, ALBUQUERQUE, N.M. 87109
PHONE: 505.828.1010 FAX: 505.796.9051

FINANCIAL POLICY

Thank you for choosing **Edward Poon, MD.** as your health care provider. The following is our **Financial Policy.** If you have any questions or concerns about our payment policies please do not hesitate to ask our business office personnel.

We ask that all patients read and sign our Financial Policy as well as complete our Patient Information Forms prior to seeing the doctor.

Patient's portion of payment is due at the time services are rendered unless prior arrangements have been made with the business office manager. We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

SELF-PAY: An initial consultation will be made with the doctor to determine the exact cost of your visit, and to determine what services will be provided to you today. After the doctor is done with the initial consultation, the office manager or front end staff will discuss with you the most convenient way for you to pay for the services and payment will be made at this time. If you are not able to make the payment, please inform the staff **at this time** so that an alternate appointment may be set up for a time that you will be able to pay for services rendered. No injections or further treatment will be made until payment is received in full.

Initials _____

We accept assignment with many major insurance companies and participating provider plans. However, you must understand that:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance carrier.
2. All charges are your responsibility whether your insurance company pays or not.
3. Unpaid deductibles and co-payments are due at the time of treatment.
4. If the insurance company does not pay your balance in full within 60 days we ask that you contact the carrier to request prompt payment. Please inform our office of the carrier's response.
5. Returned checks will be subject to a \$25.00 collection charge. We will notify you by certified letter. If the check is not picked up within 10 days the check will be turned over to law enforcement.
6. Balances over 90 days will be subject to additional collection charges of 7 % per month.
7. Unpaid balances over 120 days are subject to collections via small claims court, attorney, and/or collection agency with applicable collection fees.
8. I give permission to Edward Poon, MD to bill my insurance carrier and to receive payment from my insurance carrier for services rendered.

I, the undersigned, understand and agree to the above Financial Policy. I understand that I am financially responsible for all charges incurred for my medical treatment.

Patient's Signature (Or Authorized Signature)

Date

Printed Name of Patient

Relationship to patient if not patient

Authorized Witness: _____