

Thank you for choosing Revolution Sport & Spine Therapy. We understand that many patients find financial matters surrounding their medical care to be very complex and often times confusing. If you have any questions regarding our billing policies, we will be happy to assist you. **PLEASE READ CAREFULLY!!** Select only those which apply.

<b>Private Health Insurance</b>	<b>Initial Here</b> _____	We are <b>NOT</b> a contracted, “preferred”, nor considered In-Network with most private health insurance plans. As the patient, <b>you are responsible</b> for requesting prior approval and/or Out of Network benefit level exceptions from your insurance company as required. Our office collects copayments due at the time of service. You will be billed for any amount not covered by your plan in addition to your deductible, and/or co-insurance amounts not collected at the time of service.
<b>Medicare</b>	<b>Initial Here</b> _____	We are a contracted provider with Medicare. You must be enrolled in Medicare Part B to be eligible for benefits. You will be billed for any remaining deductible, co-insurance amounts and/or patient-notified non-covered services after Medicare processes your claim. No payment is required at the time of service.
<b>Medicaid</b>	<b>Initial Here</b> _____	We are a contracted provider with Medicaid. You must present a current card for each month of eligibility. Please note, a referral is required if you are in the Lock-in Program; without a referral you will be considered a self-pay patient. Your co-pay is due at the time of service and failure to make payment may result in delayed future appointments.
<b>Tricare / Triwest / VA</b>	<b>Initial Here</b> _____	We are a non-network provider with Tricare and Triwest. We will bill Tricare and Triwest on your behalf as a courtesy. You will be responsible for any account balance not covered by your plan. VA visits must be preauthorized by your referring physician.
<b>Workers Compensation</b>	<b>Initial Here</b> _____	We only accept Workers' Compensation claims that were filed with the Alaska Departments of Labor. Your claim must be open and accepted. You must provide your carrier's information including claim number and date of injury. No payment is required at the time of service.
<b>Self-Pay / Uninsured</b>	<b>Initial Here</b> _____	Payment is due in full at the time of service unless other billing arrangements have been approved by Revolution Sport & Spine Therapy.
<b>Auto Accident</b>	<b>Initial Here</b> _____	A claim must be established with your auto insurance carrier. We will only bill first party claims (your auto insurance policy) regardless of fault. Once your medical benefits are exhausted your private insurance may be billed. <b>YOU MUST CONTACT YOUR PRIVATE INSURANCE TO DISCLOSE YOUR LIABILITY CLAIM.</b> If you have no other insurance coverage, your account will be transferred to a self-pay status and payment will be due upon receipt unless other billing arrangements have been approved through Revolution Sport & Spine Therapy.
<b>Payment Plan</b>	<b>Initial Here</b> _____	Payment Plans must be established through Revolution Sport & Spine Therapy. Please note our payment plans are determined on an individual basis. All payments will be applied to the oldest date of service first.

- I have read, understood, and agree to this financial policy
- I understand that I am Ultimately responsible for my balance, not my insurance carrier
- I authorize Revolution Sport & Spine Therapy to release medical information to my insurance carrier to facilitate payment.
- I understand that my signature authorizes benefits to be paid directly to Revolution Sport & Spine Therapy.
- I understand that should my account balance become delinquent, the balance may be referred to a collection agency.
- I will be held responsible for all fees associated with the collection of my account balance.

Name of Patient: \_\_\_\_\_ Signature: \_\_\_\_\_