



Financial Policy

PLEASE READ, INITIAL, AND SIGN

PATIENT DOB MRN DATE

Good care includes a clear financial policy. Please read each section; initial where marked and sign at the bottom.

1. Payment at time of service. Copayments, deductibles, coinsurance, procedure prepayments, and any prior balance are due at the time of your visit. We accept cash, check, and credit card. If you are unable to pay, we may reschedule your appointment. If a prepayment results in a credit after insurance processes, any outstanding balance is deducted before a refund is issued. If you have no insurance, payment in full is due at the visit; uninsured and self-pay patients may request a Good Faith Estimate of expected charges. We require a copy of your photo ID and insurance cards.

2. Insurance. We file claims for the plans we participate in; a list is available on request. Your insurance is a contract between you and your insurer, and you remain responsible for payment in full. You are responsible for confirming that we are in your network, for obtaining any referral or prior authorization your plan requires, and for services your plan determines are not covered. If your coverage changes and you do not tell us before we file, a claim denied for late or incorrect filing becomes your responsibility. Please tell us immediately of any change in coverage.

3. Laboratory testing. When asked to provide a urine, oral, or blood sample, I voluntarily consent to do so. I may refuse a specific test, but understand that this may affect my treatment. I assign to the laboratory my right to insurance benefits for its services, understand the laboratory may be out of network with my plan, and remain responsible for laboratory charges my insurance does not cover.

4. Records, letters, and forms. Abilene Pain does not complete disability, leave, or work-restriction paperwork of any kind (see our separate policy). Copies of records and letters you request require prepayment according to our fee schedule. Depositions, testimony, or similar activity concerning your care are billed on a separate schedule and are payable by you regardless of who requests them. Initials

5. Missed appointments. Please give at least 24 hours' notice to cancel or reschedule. A missed or late-cancelled office visit is charged **\$50.00**; a missed or late-cancelled procedure is charged **\$150.00**. These fees are not billable to insurance. Repeated missed visits may result in discharge from the practice. Initials

6. Returned payments. A returned check, stopped payment, or credit card chargeback incurs a **\$40.00** service charge. The original amount plus the charge must be paid in cash or certified funds before further services are provided. Returned checks are subject to collection and prosecution in Taylor County.

7. Past-due balances and collections. A balance more than 120 days old without a payment arrangement may be referred to a collection agency or attorney, which may include credit-bureau reporting or legal action, and we may decline to schedule non-urgent care until it is resolved. You agree to pay the costs of collection, including collection agency contingency fees, which may exceed 36% of the balance, and attorney fees. Payments are applied to the oldest charges first, except insurance payments, which are applied to their dates of service. To service or collect your account, we may contact you at any number you provide, including wireless numbers, and by text or email, including by automated dialing or pre-recorded message. Initials

8. Assignment of benefits and responsibility for payment. I assign to Abilene Pain the medical benefits payable to me for services rendered to me or my dependent, and I direct my insurer to pay Abilene Pain directly. I authorize Abilene Pain to obtain coverage and payment information from my insurer and to release the information needed to support my claims. I understand that I am personally responsible for all charges not paid by my insurance. This policy is binding on me and, if applicable, my estate, and may be amended by the practice from time to time.

Your Signature

I have read and understand the Abilene Pain Financial Policy and agree to its terms.

SIGNATURE OF PATIENT (OR GUARANTOR)

DATE

PRINTED NAME OF PATIENT OR GUARANTOR

Nicolas Pugh, MD | Adrienne Anders, NP | Ted Chaka, PA

Abilene Pain Locations

Main: 1925 Hospital Place, Abilene, TX 79606

Additional: 6819 Memorial Dr, Ste B, Abilene, TX 79606

Contact Numbers

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