



Kalamazoo Anesthesiology, PC Pain Consultants

FEE / CANCELLATION POLICY

You have an appointment at Kalamazoo Anesthesiology, P.C. Pain Clinic. These services are covered by most insurance carriers.

Any preauthorizations or coverage verifications for all appointments are the responsibility of the patient.

INITIAL

All co-pays and/or deductibles are due at the time of treatment. As a courtesy to you, our office will bill your insurance company. However, you are responsible for any portion of your bill not covered by your insurance carrier.

Payment:

- You will receive a monthly statement from our billing office for each billing date of service.
- If after 30 days your insurance company has not paid your claim, please contact them.
- After 30 days, any unpaid balance becomes the responsibility of the patient.
- Payment by cash, check, VISA, MasterCard, and Discover is accepted. There will be a \$25.00 service fee for all returned checks.

Workers' Compensation / No Fault Auto: If you have been injured on the job, or in an automobile accident, these services may be covered. We will bill your insurance carrier or employer as directed by your policy. Auto patients will need to pay in full any charges not paid by auto insurance carrier after 30 days.

Medicare: We do participate with Medicare and will bill for your treatment. However, you are responsible for your 20% co-pay and any deductible amount.

Self pay: Payment is due at the time of service.

Cancellation Policy: Due to the importance of keeping all your scheduled appointments, we have developed a cancellation / no show policy. Please provide our office with 24 hours advance notice of cancelling an appointment. If you do not cancel within 24 hours, you may be charged a \$30.00 fee. Three cancellations or no shows may result in being discharged from the Pain Clinic.

INITIAL

I HAVE READ, UNDERSTAND, AND RECEIVED A COPY OF THE FEE POLICY.

If you have any questions or concerns regarding this policy, call (269) 345-0669.

Signature / Parent if Minor _____

Date _____