

Zion Pain Management Center LLC

301 North 200 East Suite 2-A

St George Utah 84770

(435) 688-PAIN Fax (435) 688-1363

Payment Policy

“Payment is due at the time of services”

INSURANCE BILLING SERVICES:

As a service to our patients with insurance, we fill out and send your insurance claim into your insurance carrier. Upon admission to Zion Pain Management Center LLC, you have contractually agreed to pay for services rendered to you. If you have health insurance coverage, Zion Pain will agree to file your initial claim(s) provided we have complete information at the time of service. However, your health insurance contract(s) is between you and the insurance carrier. Because of this relationship, you have primary responsibility to pay for the services and provide follow-up communication with your health insurance carrier(s), if necessary. Should your insurance reject our claim for any reason, you are financially responsible. If your health insurance coverage requires you to pay a deductible, percentage and/or co-pay, these amounts will be due the day of service. We will try to give you an estimate of the amount you may owe before your visit upon your request. If we are contracted providers with your plan, you are not eligible for any additional discounts beyond the discount agreed upon with your health insurance carrier.

YOUR RESPONSIBILITY IS TO KNOW YOUR PLAN:

- Know your yearly deductible and when it is due.
- Know your maximum allowed fee for services in a calendar year
- Know what the percentage is that your coverage pays for our services
- Follow up on claims submitted to your insurance company

WE REQUIRE:

- Balance paid in full by patient 60 days after processing of claim(s) by insurer.

NON-INSURED PATIENTS:

Upon receipt of a \$100.00 deposit, we will make the initial appointment for you. On the day of your consult appointment, the balance will need to be paid. Any services following this initial evaluation will be eligible for a 25% discount. You will be informed of the amount due for each visit. **We do not accept attorney liens.** All services must be paid on the day of your appointment. No payment plans are available at this time.

I have read and understand the office policy on payment for services rendered at Zion Pain Management Center LLC. I have also signed the Conditions of Medical Service and Agreement form and agree to the contents of both forms.

Printed Name: _____

Patient Signature: _____

Dated: _____