

**University Pain Medicine Center**  
**Didier Demesmin, M.D.**  
**Financial Policy**

*Please understand that payment for services is considered part of your treatment. We ask that you read, agree to and sign this policy prior to any treatment.*

**Co-payment and Balances**

The patient is expected to present a valid insurance card at each visit. All co-payments and patient balances are due at the time of service unless arrangements have been made in advance. We accept cash, check and credit card. A \$10.00 service charge is added to accounts when the co-payment is not paid at time of service.

**Participating Insurance Plans**

Your insurance policy is a contract between you and your insurance company. As a service to you, we will file your insurance claims. If your insurance company does not pay the practice within a reasonable period, we will look to you for payment. If we later receive a check from your insurer, we will refund any overpayment to you. We will bill your insurance company for all services provided by University Pain Medicine Center. You are responsible for any balance due. Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

**Insurance Changes**

If you fail to notify us of an insurance change, you are fully responsible for any amount not paid by your insurance.

**Referrals**

If your insurance has a designated primary care physician (PCP), you are required to have prior authorization from your PCP prior to your office visit in order to receive maximum benefits. If an authorization/referral is not provided at the time of service, you will be asked to either reschedule your appointment or pay for the visit at the time of service.

**Self-pay Accountants**

Payment is required at the time of service for all services. Self-pay accounts are:

- Patients without insurance information on file.
- Patients without an insurance card at the time of service.
- Patients who are covered by an insurance plan that the practice does not participate in

**Non-participating Insurance Plans**

The financial obligations of patients who are insured by carriers that the practice does not participate with are considered a self-pay account. If you are insured by a plan that we do not have a prior arrangement with, as a courtesy we will prepare a claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for your care are due at the time of service. For surgical procedures, please ask to speak to a billing representative prior to the procedure.

**No-Fault**

Office visits for patients with No-Fault insurance are paid at the time of service. Patients submit their receipt to their NF carrier for reimbursement.

I have read and understand the practice’s financial policy and I agree to bound by its terms.

Signature of patient (or responsible party, if minor) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_