

**Colonia Spine & Wellness Center**  
1 Prospect Lane, Suite 1D — Colonia, NJ 07067  
(732)-827-0028 fax: (732)-827-0018

**INTRODUCTION:**

The insurance industry has become a highly complex area of health care that has the potential to create a great deal of confusion among the patients and health care providers. There are many misconceptions associated with today's health care coverage. We are providing this information in an effort to inform you, our patient, of the financial policies that are used at this office. It is our goal to identify the problems early on and make your treatment experience in our office as pleasant and efficient as possible. We are here to serve and assist you during the course of your treatment and care.

**INSURANCE POLICIES:**

An insurance policy is a contract between you and your employer and a specific insurance company. The benefits that you will receive are based on the terms of the contract that was negotiated between your employer and that insurance company. The goal of most policies is to provide some form of financial assistance for defined medical and surgical services. The services selected are based on the cost of the policy and the negotiated arrangements made with the insurance company. **IT REMAINS THE PATIENTS RESPONSIBILITY** to understand the limitations of this policy.

**WE CAN HELP:**

This office is actively participating with a wide range of medical insurance companies in an effort to make quality health care more available and affordable to our patients. Each and every insurance carrier has set fourth their own set of very specific guidelines that must be followed in order to insure coverage of the services that we provide. We try to ensure that our staff is aware of the basic policies of some of the different plans and how they will affect your treatment, but there are many different company plans and policies each with their own nuances that frequently change with time. Please remember that there are many different company plans and policies. **It is equally important that you make every effort to understand your particular plan and the rules and regulations that apply to you the patient.**

**COVERED AND NON-COVERED SERVICES:**

We request that you provide our office with a current and up to date copy of your insurance ID card prior to the time or service and provide our staff with any and all changes regarding insurance and address changes prior to services rendered. We cannot be responsible for problems that may arise as the result of inaccuracies in the information that you provide. In order to take full advantage of your covered services, it is critical that you follow all insurance guidelines exactly as described by the specific plan. This pertains primarily to properly completed referrals and eligibility cards. Our office will be happy to offer assistance; however, it remains the patients' responsibility to be sure all paperwork is in order prior to treatment.

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**OUT OF NETWORK PLANS:**

We are happy to see patients who are in other insurance plans or uninsured, however, please note that many insurance plans that our office does not participate with, a payment in full or potentially refundable deposit to cover fees for uncovered services, co-payments, as well as insurance deductibles (as defined by your specific plan) is required at the time of service. You should be assured that if or when our office receives insurance payment, pertaining to a specific office visit with an explanation of benefits (EOB), if there is an over payment, any appropriate funds would be refunded immediately.

If you are unable to make payments in full or leave a deposit for services provided, we will gladly submit your treatment plan details to your primary insurance carrier and bill you in full within 30 days of service.

**A FINAL NOTE OF FINANCIAL RESPONSIBILITY AND FEES:**

It should be noted that participants with a specific insurance carrier does not ensure you that the claims will be fully reimbursed. Although charges incurred will be billed in accordance with your plan provisions that may include specific limitations and exclusions, your insurance may have specified coverage under that plan when the charges are incurred. Any secondary insurance submission is the patients' responsibility and payment will come to the patient directly. The responsibility for any unpaid or uncovered services remains with the patient.

Be advised any balance unpaid after 90 days aging, a 1.5% interest charge will be added for each month delinquent. In addition, In the event it becomes necessary to refer any unpaid balance to an attorney for collection, I agree to pay attorney fees of 35% of the unpaid balance due for which I agree to be reasonable. We appreciate your cooperation and thank you for the confidence that you have expressed in us by choosing Colonia Spine & Wellness Center for your medical needs. If you should have any further billing questions regarding your specific financial obligation, please feel free to speak to our office manager at 732-827-0028.

I have read the Insurance information letter provided to me by Colonia Spine & Wellness center. I understand that I am ultimately responsible for any fee incurred for services that are provided, and agree to pay such fees in full.

Patient: \_\_\_\_\_

Date: \_\_\_\_\_