



Pain Management • Non-operative Spine Care • EMG/NCS • Sports Medicine

OUR FINANCIAL POLICY

Thank you for choosing Ellman Rehab Associates as your healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our Information and Insurance form before seeing the doctor.

FULL PAYMENT, CO-PAY AND/OR DEDUCTIBLE WILL BE DUE AT THE TIME OF SERVICE VIA CASH, CHECK OR VISA/MASTERCARD.

Regarding Insurance

We accept assignment of insurance benefits from your medical insurance. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information and any original claim forms, if needed. If your insurance company has not paid your account in full within 45 days, the balance is your responsibility to pay. Please be aware that some and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for the payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions and/or concerns.

I have read the Financial Policy. I understand and agree to the Financial Policy.

X _____
Signature of Patient or Responsible Party

Date _____

X _____
Signature of Co-Responsible Party

Date _____