

BELLEVUE SPINE SPECIALIST  
DAVID H. CHANG, M.D.  
13033 BEL RED RD. SUITE 120  
BELLEVUE WA 98005

## **BELLEVUE SPINE SPECIALIST FINANCIAL POLICY**

Bellevue Spine Specialist is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate your choosing Bellevue Spine Specialist.

### **PATIENT RESPONSIBILITIES**

You can help ensure an efficient experience by assisting with the following:

- Providing us with your picture identification, insurance card and Social Security number to enable us to submit your claims timely and accurately
- Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral
- Providing us with copies of any pertinent medical records, MRI/CT reports
- Knowing your insurance benefits and limitations
- Paying your co-payment at the time of service
- Paying any additional amount owed when due
- Completing required incident/accident forms within 30 days of date of service
- Maintain a current account with Bellevue Spine Specialist at all times
- Providing us with at least 24 hours advance notice should you need to cancel or reschedule an appointment

Please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot change or negotiate these amounts.

### **INSURED PATIENTS**

We will bill your primary and secondary insurance carrier in a timely manner. If you are disputing a payment with your insurance carrier or have a balance over \$100.00 with us, you must notify our Office @ 425-452-0404 and make payment arrangements.

**Co-Pays/Deductibles/Co-Insurance- Please** A pre-payment of both physician and facility fess is required for all procedures prior to the surgery being performed. Your out of pocket cost is estimated based on your benefits and our fees. Sedation is a separate fee.

**Non-Participating Insurance-** If we do not participate in the insurance you have you will be required to pay a deposit of \$400.00; we will file a claim as a courtesy. All unpaid claims will become your responsibility 30 days following filing and be immediately due and payable.

## **UNINSURED PATIENTS**

**Office Visits**-\$225.00 for a new patient visit and \$100.00 for follow up visits, deposit is required prior to the

Appointment. If visits and services are paid in full at the time of service, we offer a 20% discount. Charges

Are not finalized until chart notes are complete. (see exclusions below)

**Surgery**-For uninsured patients having surgery, charges are to be paid in full before or on

The day of service. (see exclusions below)

**Exclusions**-The discounts referenced above do not apply in cases of motor vehicle accidents, third party

Insurance claims or in other cases when the patient may be reimbursed in full

**Motor Vehicle Accidents (MVA) Insured Patients**-A deposit as outlined above will be required. We do not extend

discounts for MVA-insured accidents or in other cases when patients may be reimbursed in full. We will bill

your MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier in 30 days.

We regret that we are not in a position to confer with attorneys or defer payment obligations while a case

Settles. If your personal injury protection benefit on your MVA policy is exhausted, we will bill your private

Insurance at your request provided we are furnished the necessary information at the date of service.

**Workers' Compensation**-If your visit is work-related, we will need the case number and carrier name prior to your

Visit in order to bill the workers' compensation insurance carrier. If your workers' compensation claim is not

Yet accepted and you have no other insurance, we require a \$400.00 deposit that will be refunded after the

Claim has been opened.

## **Other Charges-**

**NO SHOW**-Please provide us with at least 24 hours advance notice if you need to cancel or reschedule a

Procedure. We charge a \$200.00 no show fee

## **Payment-**

**Payment Options**-We accept checks, major credit/debit cards and money orders for payment. We

Charge a \$40.00 NSF fee for any returned checks.

**Delinquent Accounts**-We charge a \$10.25 monthly account management fee on balances over 60 days old.

We may assign an account to collections if balances are unpaid after 60 days. Patient assigned to collections

May be denied additional service.

**Alternative Payment Arrangements**-If you are unable to pay your balance when due, please contact our office

To make payment arrangements. Any patient with a past due amount may be denied additional service until

The amount is paid or the patient is complying with an alternative payment arrangement.

These policies are subject to change without notice. Please check our website at [www.bellevuespinespecialist.com](http://www.bellevuespinespecialist.com)

---

---

Signature of Patient or Responsible Party

Date

---

---

Patient Name (Please Print)

Date