



1031 WEST WILLIAMS STREET, SUITE 102, APEX, NC 27502  
PHONE (919) 439-7867 FAX (919) 573-9594

**Appointment Reminders**

We offer appointment reminders via text message! If you'd like to take advantage of this, please provide us with the cell phone number you would like to receive these reminders at.

Cell Phone Number: \_\_\_\_\_

**No Show/Broken Appointment Policy**

When an appointment is made for a patient to be seen in our office, a specific time is reserved for that patient. This allows the provider to meet the patient's needs. Broken or missed appointments result in the loss of valuable time that could be spent with patients in need of treatment. We offer reminder calls and texts as a courtesy, but the patient is ultimately responsible for the appointments he or she schedules. For this reason, if a patient fails to keep a **NEW PATIENT VISIT**, he or she will be charged a fee of **\$250**. If a patient fails to keep a **FOLLOW-UP VISIT**, he or she will be charged a fee of **\$100**. If a patient fails to keep an appointment for a **PROCEDURE**, he or she will be charged a fee of **\$150**. If a no-show fee is not paid within **60 (sixty) days**, the patient will be charged an additional **\$10** late payment fee. If an appointment needs to be cancelled or rescheduled for any reason, please notify our office at least **24 hours** in advance, and no fee will be charged. If a patient misses more than **3 (three)** appointments without prior notice, that patient may be dismissed from the practice.

**Retro Billing Policy**

Atlantic Spine & Pain does not "retro bill" claims. If you are being seen as a same-day pay or cash-pay patient, we regret that we cannot bill that claim at a later date to an insurance company (including Medicaid or Medicare).

**Financial Responsibility Policy**

Atlantic Spine & Pain will file claims on the behalf of the patient as a courtesy service. However, the insurance contract is between the patient and the payer, and ultimately the patient is financially responsible for all charges not subject to contractual arrangements. This includes co-pays, deductibles, co-insurances, and non-covered services. In the case of a denial of payment by the insurer, it is the patient's responsibility to contact his or her insurance company. **Payments are due at the time of service.** It is the responsibility of the patient to notify Atlantic Spine & Pain of any change in coverage.

I have read and fully understand the above policies.

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

Print name: \_\_\_\_\_