

CENTER FOR NECK AND BACK PAIN

DIRECT PAY/CASH BASED PATIENTS

The following policy applies to all patients defined as receiving treatment on a Direct Pay/Cash based plan. Center For Neck and Back Pain defines a Direct Pay/Cash based payment plan as any patient other than a Workers Compensation patient or a Personal Injury patient.

By signing this form, you are agreeing to comply with all the policies listed below.

Cash Payment Policies

1. The patient, or the person who is financially responsible for the patient, hereinafter referred to as "patient", agrees to provide all information necessary to enforce this plan, and understands that any non-compliance with this plan can and will result in collection activities, up to and including negative credit bureau reporting, and/or legal action.
2. Dr. Douglas Hering does not extend credit. Payment is due and is to be paid at the time service is rendered. The patient agrees to have a valid credit card number on file with Center For Neck and Back Pain at all times, and authorizes Dr. Douglas Hering to use the credit card number for payment if the amount owing is not paid in full at the time of the visit to our office. The patient agrees to provide their Social Security number as well. Center For Neck and Back Pain will hold this information in the strictest confidence and will only utilize the information for payment, and/or collection activities in the event that payment in full is not made at the time that services are rendered. If there is an occasion where the patient forgets to bring payment to the office when services are rendered, Dr. Douglas Hering will extend a five-day grace period for the payment to be made. If Dr. Douglas Hering does not receive the payment within the grace period, the credit card number on file will be used to pay the full outstanding amount due. If payment has not been received within 7 days, Dr. Douglas Hering will begin assessing a monthly late fee charge at the rate of 1.5% of the balance due. Any returned payments will be assessed a \$15 service fee, which will be added to the outstanding balance of the account. A minimum of twenty-four hour notice is required for rescheduling and/or cancellation of any appointment in the office or full fee for that service will be charged.
3. If you wish to make pre-payment arrangements for services provided to the patient please speak to the Doctor. Pre-payment can save you money and time spent in the office. Until a pre-payment agreement is reached and Dr. Douglas Hering receives the pre-payment amount, the patient is still responsible for payment in full at the time the service is rendered in our office up to the effective date of the pre-payment agreement. The agreement becomes effective when Dr. Douglas Hering receives the balance due for the pre-payment agreement.

By signing this agreement, you agree that you have read and understood the above.

Signature of the financially responsible person

Date

Print name of the financially responsible person

Social Security number of the financially responsible person

Visa, MasterCard, Am. Express, number of Financially responsible person

Patient Name (if different than financially responsible person)

Expiration Date

Witness

Date