Tony R. Cucuzzella, M.D.*
Ann Kim, M.D.*
Nancy Kim, M.D.*
Matthew Kline, M.D.*
Yong Park, M.D.*
Shrut Patel, M.D.*
Scott Roberts, M.D.*
Frank B. Sarlo, M.D.**
Amanda Farina, APRN
Amanda Jamieson, APRN
Amanda Magee, PA-C
Meghan Malloy, PA-C
Jeffrey Myers, PA-C
Jyoti Pandey, APRN, DNP

CHRISTIANA
SPINE CENTER
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*Fluoroscopic Spine Procedures
Physical Medicine & Rehabilitation

**Electromyography
Physical Medicine & Rehabilitation

PATIENT FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing Christiana Spine Center, PA as your healthcare provider. The medical services you seek imply a financial responsibility. This responsibility obligates you to ensure payment in full for the services that you receive. We ask that you read and sign this form acknowledging that you agree and understand to our policy.

- The patient is ultimately responsible for all payment obligations arising from treatment.
- In the event you no show or do not cancel an appointment within 24 hours, the following fees will be charged.
    - Office visit-$40
    - Surgery center/EMG-$100
    - MRI-$100
- In the event there is a lapse or expiration of coverage in your insurance, you will be offered a self pay cost that will be required at the time of service to be paid in full.
- The patient is responsible for knowing your insurance policy and receiving a referral/preauthorization for services and understanding insurance requirements in order to be seen. Any fees relating to not having a referral/preauthorization or exceeding limits, will be the patients responsibility.
- Copay is due at the time of your visit.
- Deductible expense will be due at the time of visit for surgical procedures and MRIs. We perform a care estimate to receive the best estimate of what your fees will be but once the claim is submitted, insurance companies sometimes change the estimate. If the amount owed is higher after submission of the claim, patient will be responsible for the difference prior to next visit.
- 50% of balances must be paid prior to being seen again unless a payment plan is arranged.
- CSC will place accounts in collections after 90 days if no payment plan has been established. Once placed in collections, a 30% fee will be added to the balance to offset collection fees, in addition to 3% interest.
- It is the patient's responsibility to pay any balances not covered by insurance.
- Self pay rates are available for patients without insurance coverage.
- The charge for returned checks is $30.
- When setting up a payment plan, you agree to keep the credit card information current and any lapse of payment plans will be sent to collections unless rectified immediately.

I agree to all terms and conditions herein and the agreement shall be in full force and effect.

_____ _____ _____

Patient/Responsible Party/Guardian Date of Birth of Patient Date