University Pain Centers
University Pain Physicians

Financial Responsibility Form

Thank you for choosing University Pain Centers, LLC. as your healthcare provider. To ensure transparency regarding our office and financial policies, we ask that you review and sign this Financial Responsibility Form before receiving treatment. Please keep a copy of this document for your reference.

Cancelled Appointments: If you need to cancel or reschedule your appointment, please notify our office at least 24 hours in advance. Failure to do shall result in a cancellation fee.

No Insurance: Payment is due at the time of service for patients without insurance.

Insurance: Please bring your current and valid insurance card to each appointment. For contracted insurance plans, your co-pay is due at the time of service. If you do not have your co-pay, we may require a written waiver from your insurance carrier for any co-pay waivers. You are responsible for any co-insurance, deductibles, or non-covered services. You will receive a statement showing any remaining balance after your insurance processes the claim, which is due upon receipt.

Injury Cases: If your injury is related to an accident, please provide us with a copy of the police report, auto insurance details and other involved parties' information. If the third party does not pay promptly, you will be responsible for any unpaid balances.

Worker's Compensation: For workplace injuries, please inform your employer and provide us with authorization before we can process your claims. Failure to do so may result in your claims being denied and the balance being your responsibility.

HMO/POS Plans: For patients with HMO or POS insurance plans, please be aware that your insurance carrier requires you to obtain a referral from your Primary Care Physician (PCP) prior to receiving services. **All HMO and POS patients are required to bring their referral forms with them before an appointment can be granted. Services received without a referral or proper authorization will be your responsibility.** Please ensure that your referral is in place to avoid unnecessary charges.

Returned Payments: A $30.00 fee will be charged for any returned checks or rejected ACH withdrawals, in addition to any charges from your financial institution.

Disability and Insurance Forms: A fee of $30.00 will apply for the completion of medical forms or Disability Parking. Payment is due when you pick up the forms, and processing may take 7-10 days. If forms need to be mailed, payment will be required before mailing.

Medical Records: Copies of your medical records are available upon request. You will need to sign a Medical Release form, and fees may apply for additional copies, in accordance with Illinois state law. Processing may take 7-10 days**.**

Patient Financial Responsibility: By signing below, I acknowledge my financial responsibility for all services provided by University Pain Centers (UPC), University Pain Physicians, LLP and its staff. I understand that I am responsible for paying any co-pays, deductibles, co-insurance amounts, and any other balances due at the time of service. I consent to having Medicare and other insurance benefits paid directly to UPC for medical or surgical services rendered. I also understand that in the case of a third-party payer, UPC reserves the right to treat the third party as the primary payer and seek payment from them as allowed by law. I agree to be responsible for any reasonable attorney fees and collection costs in the event of non-payment.

Name of Patient: _____

Signed: _____ Date: _____