

Name: _____

Date: _____

Payment Policy

Responsibility- You are responsible for payment for all services rendered by RSI. We will assist in this process by submitting claims to your insurance, creating payment agreements, tracking payments, send statements, etc. as a service to you as listed in the sections below.

Insurance (Referrals, Prior Authorizations, Co-pay, Co-insurance and Deductibles)- RSI will submit insurance claims and follow the explanation of benefits your insurance company provides to us. However, it is your responsibility to know what services your insurance will pay for and what your co-pays, co-insurance, and deductibles are. It is your responsibility to make sure that our office receives any referrals or prior authorizations that your insurance company requires before your visit. If our office does not receive a referral, you have the choice of rescheduling your appointment or being responsible for full payment of all charges. You are responsible for any charges that your insurance company does not pay. Balances must be repaid as they come due. For your convenience, we offer a payment plan if you are unable to pay the balance in full. Please call the billing office at 208-939-3245 to discuss your options.

Please have your insurance card(s) available for the front desk at each visit. If you change insurance coverage or insurance companies, please notify us immediately. This will insure that there is time to obtain any referrals or authorizations required under your new policy. If you do not inform us of these changes prior to your next visit, your appointment may need to be re-scheduled.

Questions regarding your coverage or insurance payments must be directed to your insurance company.

No Insurance- You are responsible for payment for all services rendered at the time of service. All new patients must pay a deposit towards services rendered of \$200.00 prior to being treated. Subsequent follow up appointments will require a deposit prior to services being rendered of \$150.00. The deposit may not cover your appointment charges in full. Should you have a remaining balance above the deposit amount we will bill you. All balances are required to be repaid as they come due. If you are unable to pay your balance in full, for your convenience we offer a payment plan. Should you need to utilize that service, please call the billing office to discuss your options at 208-939-3245.

Workman's Compensation Claims- It is your responsibility to pay for all services rendered as well as ensuring that all information necessary to file your claim is provided to us prior to your first visit. This information includes the name and address of your employer, a contact person at your place of employment, when the first report of injury was filed, your claim number, the name and address of the Workers Compensation carrier, the name of your case worker (at your Workers Compensation carrier), as well as any and all other documentation needed for your claim to be paid. We will assist as possible with submission of medical information as a service to you. You are responsible for payment in full if your claim is denied. If you cannot pay this balance in full, a payment agreement plan may be executed as a service to you. You must inform us that you need a payment plan.

Auto Insurance Claims- It is your responsibility to submit your medical bills and related information to your insurance company. We will provide you with a copy of the services rendered and the charges for these services. We will also provide copies of medical records with a written request from you. We do not contact your Motor Vehicle insurance carrier for you and we do not file claims to your Motor Vehicle insurance carrier for you.

Accounts Past Due Policy- If deemed necessary for non-payment your account may be sent to a third party collection agency. Balances that are older than 60 days may be subject to a service fee in addition to fees associated with a third party collection agency. Should your balance be referred to collections, you will be discharged from the practice and unable to schedule any follow up appointments until that balance is repaid.

Thank you for acknowledging your understanding of these policies by signing below:

X_____