

## Spine Associates

5420 West Loop South, Suite 2500, Bellaire, Texas 77401

Office (713) 383-7100 \* Fax (713) 383-7500

3129 College Street, Suite 300, Beaumont, Texas 77701

Office (409) 767-8221 \* Fax (409) 785-4200

Asif M. Chaudhry, M.D.

### Financial Policy Statement

It is the policy of Spine Associates to bill your insurance carrier as a courtesy to you; however, you are responsible for the entire bill. We require that arrangements for payment of your estimated share be made today. The insured/patient is responsible for any co-payments at the time service is rendered. If your insurance carrier does not permit payment within sixty (60) days, the balance will be due in full from you. If your insurance pays in excess of the balance of your account, we will refund the credit.

If any payment is made directly to you for services billed by Spine Associates, you recognize an obligation to promptly remit same to Spine Associates.

The above does not apply for those patients that are considered Worker's Compensation. However, be advised as a Worker's Compensation patient that you may be held responsible for your charges in the event that your claim is controverted.

I understand and agree that if I fail to make any of the payments for which I am responsible for in a timely manner, after such default and upon referral to a collection agency or attorney by Spine Associates, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

The above information has been read and explained to me.

I UNDERSTAND MY RESPONSIBILITY FOR THE PAYMENT OF MY ACCOUNT.

---

Patient or Responsible Party

Date