



Effective January 1, 2023

Kanuru Interventional Spine & Pain Institute

Ramesh P. Kanuru, MD FACA
Board Certified in Pain Management

PLEASE READ THE FOLLOWING AGREEMENT. Regretfully, we have been forced to institute the following policies due to a large volume of last-minute cancellations/no-shows as well as outstanding balances.

Our objective at Kanuru Interventional Spine and Pain Institute is to provide you with the highest quality health care in the most cost-effective manner. Our ability to achieve this depends greatly on your understanding of our financial policy and protocols.

If you have medical insurance, we will file your claims on your behalf. This is done as a courtesy to our patients. Even though we will file the insurance claim for you, we also need your active participation in the insurance claims process, as your insurance contract is between you and your insurance company.

If your insurance pays only part of your bill or rejects your claim, you are financially responsible for the balance and the balance is **due upon receipt of your statement**. If it is not paid in 30 days, you will be sent to collections and NO further appointments until paid in full.

We also check your eligibility as a courtesy. If your eligibility status changes and we are made aware of the change **after** you have already been seen, you will be responsible for either providing an alternate insurance or payment of the balance in full. **You are responsible to pay your copay/deductibles/coinsurance at the time of service.** It is your responsibility to make sure that the insurance information that we have on file is correct. If you get a new insurance card in the mail from your insurance company, please bring it with you to your next appointment.

ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION:

I authorize all insurance benefits, unless previously paid by myself, to be paid directly to this physician/facility and authorize the physician/facility to release any information required in the processing of the insurance claim. I authorize the physician/facility to release medical information to my referring physician, primary care physician, spouse, children, parents, and any physician he/she may refer me to.

Insurance Benefits requires that medical claims be paid by insurance carriers within 90 days. If your insurance carrier has not appropriately paid the submitted claim within 90 days, I understand that outstanding balances will become the responsibility of the policy holder.

Insurance Co-Payments In accordance with my insurance contract, I understand that co-payments are due at time of service **OR I WILL NOT BE SEEN**.

Deductible If my insurance deductible has not been met, I understand that outstanding deductible amounts will be collected at the time of service unless other payment arrangements have been made. KISPI will be collecting \$100 at each visit until the deductible is met. IN ADDITION to your copay visit until the deductible is met.

Highland Office
3445 Ridge Road
Highland, IN 46322
Phone: (219) 838-1100

Pinnacle Hospital
9301 Connecticut Drive
Merrillville, IN 46307
Fax: (219) 923-3501

www.painkanuru.com



Effective January 1, 2023

Ramesh P. Kanuru, MD FACA
Board Certified in Pain Management

Co-insurance I understand that co-insurance amounts may be collected at time of service, and at the time interventional procedures are scheduled.

Private Pay If I have no insurance coverage, or insurance with which Kanuru Interventional Spine & Pain Institute does not participate, or Kanuru Interventional Spine & Pain Institute is unable to verify current insurance coverage, I understand full payment is expected at time of service. We do accept SELF-PAY patients (i.e., Patients with NO insurance),

- Initial consultation is \$300.00 that is due at the time of service.
- Follow up visits are \$150.00 due at time of service
- If a procedure is scheduled- a fee schedule will be discussed with you prior to the appointment day. The amount discussed will be due at the time of service.

Verification of Benefits and Non-Covered Services Insurance policies are individualized per patient plan. Kanuru Interventional Spine & Pain Institute may provide services that my insurance plan excludes. I understand that it is my responsibility to verify coverage benefits and exclusions. I understand that all non-covered services are my responsibility.

Notice to Medicare Patients If we are unable to verify from Medicare that there is automatic submission of claims to the secondary insurance carrier, you may be responsible for secondary insurance balances at the time of service and at the time interventional procedures are scheduled.

Refund Policy I understand that amounts collected from me (including co-payments, co-insurance, and deductibles) are based on information received by Kanuru Interventional Spine & Pain Institute from my insurance carrier. Refunds are to be requested from your insurance company. Kanuru Interventional Spine & Pain Institute is not responsible for reimbursements.

Collections I understand that once an account is placed in a collection status, **NO APPOINTMENT WILL BE MADE UNTIL BALANCE IS PAID IN FULL.** In the event legal action should become necessary to collect an unpaid balance, I agree to pay all reasonable attorney's fees or other costs the court may determine proper.

Returned Checks Returned checks will be subject to a \$30.00 returned check fee.

NO SHOW, LATE CANCELLATIONS OR RESCHEDULING FEES

We have a busy practice. Assuring that all our established patients have access to their doctor when necessary is a constant challenge. When you cancel or reschedule at the last minute, or fail to show for your appointment, you are depriving another patient of the care they need. You must cancel or reschedule within 24 hours. New patient visits require our physicians to block out considerable time slots, making last minute cancellations and rescheduling of visits even more problematic. We provide a large amount of time and attention with each one of our new patients because we are committed to providing the highest quality care.

Highland Office
3445 Ridge Road
Highland, IN 46322
Phone: (219) 838-1100

Pinnacle Hospital
9301 Connecticut Drive
Merrillville, IN 46307
Fax: (219) 923-3501

www.painkanuru.com



POLICIES AND PROCEDURES

Effective January 1, 2023

Kanuru Interventional Spine & Pain Institute

Ramesh P. Kanuru, MD FACA

Board Certified in Pain Management

1. No Show or Late Cancellation office visits - \$50
2. No Show or Late Cancellation procedures - \$100

In consideration of other patients, your appointment may be rescheduled if you are more than 15 minutes late for your scheduled appointment time.

IF YOU CONTINUE TO CANCEL, RESCHEDULE, OR FAIL TO SHOW FOR YOUR SCHEDULED APPOINTMENTS YOU MAY BE DISCHARGED FROM OUR PRACTICE.

**** PAYMENT FOR THESE CHARGES MUST BE MADE IN FULL PRIOR TO BEING SEEN FOR YOUR NEXT APPOINTMENT AND ARE NOT PAID BY INSURANCE ****

ADDITIONALLY, I ACKNOWLEDGE THAT IF I HAVE 3 OR MORE "NO SHOW" OR "LATE CANCELLATIONS" FOR ANY SERVICE, I MAY BE REFERRED FOR TREATMENT TO ANOTHER CLINIC.

Medical Records We are happy to provide you with copies of your medical records upon request in writing. However, because of time restrictions, please allow up to thirty business days to fulfill this request. Please note there is a charge for personal use, however, medical records sent to another medical provider will be done free of charge.

Other Forms We will respond (at the provider's discretion) to requests for the completion of certain medical forms (FMLA, Short Term Disability & Temporary Disability Parking Permit) assuming the patient is in good standing and has been active with KISPI for six (6) months consecutively. Other forms not listed may be considered for completion. In these cases, the office manager will determine the fee. All requests require an office visit.

- FMLA - our policy is 1-2 days times per month lasting 1-2 days
- Short Term Disability - require a separate office visit
- Temporary Disability Parking Permit - our policy is 1 year

Notice of Privacy Practices I have been given the option to review Specialty Pain Management's "Notice of Privacy Practices" that explains how my personal health information will be used. I am also aware that I may request a copy of the "Notice of Privacy Practices" at any time. I HAVE READ AND AGREE TO ABIDE BY THIS FINANCIAL AGREEMENT, CANCELLATION POLICY AND NOTICE OF PRIVACY PRACTICES. By signing this, you are indicating that you understand and agree to the terms of service explained above.

Signature: _____ Date: _____

Highland Office
3445 Ridge Road
Highland, IN 46322
Phone: (219) 838-1100

Pinnacle Hospital
9301 Connecticut Drive
Merrillville, IN 46307
Fax: (219) 923-3501

www.painkanuru.com