

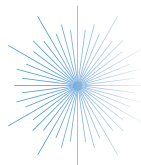


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## PATIENT FINANCIAL AGREEMENT

Thank you for choosing Kinston Regional Pain Center, PLLC, for your pain and physical therapy care. It is our goal to provide you with any information you may need to make a reasonable and informed decision regarding your financial responsibility for the services we provide. If there is any portion of this agreement that you do not understand or have questions about, please do not hesitate to ask us about it.

1. Patient Balances - Full payment is due the day the services are rendered. For your convenience, we offer several payment options including: cash, check, debit card, and credit card (MasterCard or Visa). For those patients who qualify, third party financing is also available through \_\_\_\_\_. By endorsing this policy, you authorize us to make any necessary credit investigation, including employment verification.
  
2. Insurance patients - We participate with most major medical insurance carriers. If we participate with your plan, we will file the claim for you as part of our services. You are responsible for all co-payments, coinsurance, deductibles and non-covered services at the time of service. ***Please keep in mind, your co-payment covers only your office visit charges.*** In some cases, during the course of your office visit additional services may be provided, including X-rays, injections, etc., that are not covered by your routine office co-payment. In these cases, all applicable coinsurance or deductible amounts for these additional services will be due at the time of service. If we do not participate with your insurance plan, we will still file a claim to your insurance carrier for you. However, you remain financially responsible for all charges incurred at the time of service. If you wish, we will also file your claims to a third-party liability carriers as a courtesy; however we will still ask you to pay for all charges in full at the time of service.
  
3. Auto accidents involving attorneys - Our office does not hold account balances for settlements involving auto accidents. The patient is responsible for all charges while being treated at the time of service, regardless of litigation delays.
  
4. HMO patients - Most HMO insurance policies require you to obtain a referral before services will be covered by your insurance. Please understand that in the event that you do not have a referral to this practice, you will be financially responsible for all charges incurred at time of service.
  
5. Estimated fees - When surgery or procedures are scheduled, an estimate of insurance coverage and fees is obtained from your insurance. While we request an accurate estimate from your insurer, your final balance may differ from the estimate provided. You are responsible for payment for your estimated portion (co-pay, Coinsurance, deductible, and non-covered services) prior to services being rendered. Any balance remaining after we receive payment from your insurance company is due at that time.



2100 Presbyterian Lane Kinston, North Carolina 28501  
Phone (252) 208-7784 Fax: (252) 208-7786 www.KRPain.com