



FINANCIAL AGREEMENT

The primary objective of the Kochan Pain Treatment Center is to help our patients live as free from pain as possible.

Our new patient visits consist of:

1. An office visit which includes a history, physical exam, ultrasound exam if indicated, review of records and radiologic studies, if provided, and
2. A discussion including the diagnosis, or possible diagnoses, recommendations for further diagnostic studies if needed, treatment options, and a plan based on what the patient's goals are.

This process usually takes 45 to 60 minutes. If a treatment is performed after discovery, there will be additional time needed and a separate procedure charge will be added to the initial office visit. This additional charge will be discussed prior to administration to obtain approval of payment. The charge for a procedure is based on the amount of time spent, the number and complexity of the injections or procedure needed, and the number of areas treated. Thus, treatment fees may vary from one visit to the next. _____
initial

Payment for all services and treatments are due at the time of the visit, whether you have insurance or not. First-time patients are required to give a credit card on file when making their appointment to secure their spot. This card, or if you choose a different card or payment method, will be run at the end of the visit.

Dr.Kochan is an out-of-network, non-participating provider for all insurance companies. A few insurance companies will pay for the initial and follow-up visits and for some treatments, such as steroid injections and nerve blocks. Therefore, as a courtesy to our patients, we will submit charges to your insurance company, if you request. If your insurance company does cover our services, the amount they pay us will be refunded to you or credited towards a future visit, as you direct. _____
initial

Missed Appointment and Cancellation Policy: It is our practice to confirm appointments by calling patient 24 to 48 hours prior to scheduled appointments. However, if we are unable to contact you, despite our best efforts, it is still your responsibility to know when your appointment is and to arrive on time. _____
initial

If you do not give us at least a 24-hour notice, or if you miss an appointment without notice, you will be charged \$100 for a 30-minute appointment, \$200 for a 45-minute or longer scheduled appointment, or \$250 for new patient appointments. _____
initial

Missed appointments will be charged with the credit card that we have on file for you. _____
initial

If you pay with a check at the end of your visit, and the check is returned for non-sufficient funds, a \$25 fee will be added to amount owed and will be charged to the credit card we have on file for you. _____
initial

Accurate contact information helps us to confirm your appointment or to notify you of a change in Dr. Kochan's schedule. Please provide complete and legible contact information on the Patient Information form and update this information if changes occur. The patient is responsible for our office having the correct contact information. _____
initial

I have read and agree to the above. _____
initial Print Patient's Name Date

Patient's Signature (or representative)