

Hawai'i Pain Center

2226 Liliha Street, Suite 407, Honolulu, HI 96817

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Financial Agreement

Updated: September 22, 2023

I understand that it is my responsibility to notify Hawaii Pain Center within one business day of my appointment of any insurance coverage changes or active/open worker's compensation, automobile injury, or third-party liability claim related to my current care.

I assign insurance payments directly to Damien Tavares MD, LLC *dba* Hawaii Pain Center for services rendered. I understand that I am financially responsible for all charges that are not paid by insurance, including, but not limited to, deductibles, co-payments, and balances.

When applicable, your total cost for care will be assessed a 4.712% General Excise Tax (GET) surcharge in compliance with Hawaii State Law. Your total cost of care is your co-pay plus the amount subsidized by your insurance. The GET tax does not apply to federally sponsored plans such as Tricare, VA, and Medicare.

I understand that payments can be made either by cash or credit card and are due at the time of service. I am aware that if I choose to pay by credit card, I will be assessed a 4% fee.

Patient

Signature

Date