

CONSULTANTS IN PAIN MANAGEMENT, P.C.

FINANCIAL POLICY

EFFECTIVE January 1, 2015

The objective of this office is to provide you with the highest quality health care in the most cost effective manner. However, the ability of Consultants in Pain Management, P.C. to achieve this objective depends greatly on your understanding of our financial policy.

IF YOU HAVE MEDICAL INSURANCE, WE WILL FILE INSURANCE CLAIMS ON YOUR BEHALF. This is done as a courtesy to our patients. We are glad to help you receive the maximum allowable benefits from your insurance. Even though we will file the insurance claim for you, at times we will need your active participation in the insurance claims process.

MEDICARE PATIENTS: As a participating provider of Medicare Part B (physician services), Consultants in Pain Management, P.C. will bill you for your Medicare Co-insurance, deductible or any services rendered, but not covered by Medicare prior to these services being rendered. **NOTE:** You will be informed of services not covered by Medicare prior to these services being rendered. Your signature on the appropriate Medicare waiver form (*Advance Beneficiary Notice*) represents your authorization for the physician to perform such services and your acceptance of the financial responsibility. **PAYMENT FOR SERVICES NOT COVERED BY MEDICARE ARE TO BE PAID THE DAY SERVICE IS PERFORMED.** For covered services, you will be responsible for paying your 20% co-insurance amount at the time of service if you do not have a secondary insurance. If you have Medicare Part A only, the services you receive from our practice will not be covered by Medicare and payment is due at the time of service.

COMMERICAL INSURANCE: While we are happy to file your insurance, 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. **CPM IS REQUIRED BY YOUR INSURANCE COMPANY TO COLLECT CO-PAYS, DEDUCTIBLES OR CO-INSURANCES AT THE TIME OF SERVICE. YOU SHOULD BE PREPARED TO PAY YOUR COPAY OR 20% OF YOUR BILL AT THE TIME OF SERVICE. THERE WILL BE A \$12.00 PROCESSING FEE ADDED FOR CO-PAYS THAT ARE NOT PAID AT THE TIME OF SERVICE.**

HMO AND OR MANAGED CARE INSURANCE PATIENTS: Many HMO, PPO, or Managed Cared Plans require that you obtain a referral from your assigned primary care provider in order to receive care from a specialist. **IT IS YOUR RESPONSIBILITY TO OBTAIN THIS REFERRAL IF REQUIRED.** Unauthorized services will be the financial responsibility of the patient. You will be asked to sign a waiver before being seen by the physician. **PLEASE HAVE YOUR REFERRAL FORM AND MEMBERSHIP CARD WITH YOU WHEN YOU CHECK IN... YOU WILL BE REQUIRED TO PAY THE CO-PAYMENT FOR AUTHORIZED SERVICES AT THE TIME OF SERVICE AND THE COMMERICAL INSURANCE POLICY APPLIES.**

COLLECTION COSTS: In the event that you do not make any payment for which you are financially responsible, as stated above, and Consultants in Pain Management institutes collection processing against you, you agree to pay all of Consultants in Pain Management, PC's costs of collection, including but not limited to its reasonable attorney's fees.

PATIENTS WITH NO INSURANCE: Those who pay in full at the time of service may be eligible for a discount. If payment can not be paid the day of service full charges will apply and you will need to contact our billing department for special payment arrangements. (423-648-8480 x 3401)

TELEPHONE CONTACT: By signing below, you agree to allow Consultants in Pain Management, or its representatives, to contact you at any of the telephone numbers you have provided to Consultants in Pain Management concerning the collection of any balance you owe.

PATIENTS WHO CANCEL APPOINTMENTS WITH LESS THAN 24 HOURS NOTICE OR DO NOT COME FOR THEIR APPOINTMENT MAY BE SUBJECT TO A \$25.00 FEE. THIS FEE MAY BE HIGHER FOR PROCEDURES VISITS.

Return Check Fee: Consultants in Pain Management, PC will charge to the patient a \$30.00 fee for any returned check.

Print Name: _____

Signature: _____ **Date:** _____