

FINANCIAL POLICY

Colorado Injury and Pain Specialists (CIPS) – CIPS is dedicated to serving our patients with the highest quality of care at the lowest possible cost. We ask that you help keep our fees at a competitive level by observing the following financial policy. The **purpose of this statement** is to help you understand our policy in relation to the centers charges. We encourage open discussion of services and fees prior to treatment.

For questions regarding either service, please call 419-843-1369.

You may receive **TWO** bills for your services:

- One bill from **Colorado Injury and Pain Specialists**, for the professional services of our centers physicians.
- One bill from **Redlands Mesa Surgical Center**, the facility fee (i.e. nursing and technician services, anesthesia, supplies and equipment).

It is ultimately your responsibility to make sure that all of your services are paid in full. Failure to do so will result in cancellation of your procedures and delay in your treatment.

Patient's initials

YOUR HEALTH INSURANCE POLICY/COVERAGE

Since insurance plans vary, we recommend that you be familiar with your plan benefits as they relate to deductibles, **co-pays**, non-allowed charges and pre-certification. Your insurance coverage represents a contract between you and your insurance carrier.

If you have an insurance policy, such as an **HMO/PPO** that requires **pre-certification / pre-authorization or referrals for any service, including office visits, it is your responsibility** to obtain it, update it and keep it current. If you need any help, our staff will be more than happy to help you through the process. On your insurance card will be a telephone number that you should call for pre-approvals or information on deductibles, co-pays, and pre-certification. You can also use this number to find out what your insurance company's allowable is for the proposed treatment.

If you have any questions about the requirements of your coverage, please contact your employer or insurance carrier. We cannot interpret policies for you. We cannot tell you what your financial responsibility will be for a procedure until the claim has been processed. You must contact your insurance company for this information. Remember that the difference between the allowable and the cost of the treatment will be your personal responsibility unless a current contract is on file with your insurance company and us.

You will be responsible for services rendered that are outside the scope of any referral issued by your insurance carrier. You are expected to be aware of any and all conditions of your insurance coverage. Please provide us with information on any secondary insurance coverage that you may have as they may cover the difference.

No one can overturn a **denial for coverage** more effectively than the patient. If your insurance company has denied coverage for the proposed services, our physicians will be more than happy to write a **"letter of Medical Necessity"**. Despite this, some companies will continue to deny coverage, in which case, it becomes the patient's responsibility to try to overturn the decision; otherwise, the responsibility for payment becomes entirely yours.

We will provide you with the information necessary for you to request a review of a denied claim or to follow up on disputed claims. It is your responsibility to follow up on any outstanding claims and to see that your carrier pays promptly. Claims status does not relieve you of your responsibility to pay your bill. Be aware that for some insurance carriers, granting *authorization* for treatment does not mean that they will actually pay for it. Denial of payment after pre-approval or authorization will make you responsible for the charges.

Filing claims with and accepting benefit assignment from your insurance company is a courtesy

to patients provided by many physician offices. However, an increasing number of physician offices require full payment at the time of service and the patient is responsible for securing payment from the insurance company. When a medical practice chooses to help patients by filing for insurance payments, the result to the physician is that he often waits 45 days or more for payment. **Colorado Injury and Pain Specialists** has chosen to continue to work with insurance companies for as long as possible to make it easier for patients to receive the specialized healthcare they need. This means both us as the provider, and you as the patient have certain responsibilities.

The balance due is your responsibility if we do not receive payment from your insurance company within 30 days. Therefore, you may receive a bill after those 30 days. If we receive duplicate payment from the insurance company, we will promptly refund any overpayment to your insurance carrier.

Patient's initials

YOUR RESPONSIBILITIES

- Provide us with current insurance information; primary, secondary and tertiary
- To help us provide the most efficient and reasonable health care services, **we need your insurance information to be accurate**, complete and up-to-date
- Update our office when insurance coverage and personal information changes
- Failure to give your current and correct personal information can result in your account being sent to a collection agency
- Obtain pre-certification for services from your insurance carrier (telephone number is on your insurance card)
- Pay co-payments and deductibles at the time of service
- Pay outstanding balances when you receive statements
- Work with employers and insurance companies if collection from insurance companies becomes a problem
- Stay in touch with our billing office regarding your account

Patient's initials

SELF-PAY PATIENT POLICY

A self-pay patient is a patient who has no medical insurance or medical benefits. 50% of all services must be paid for at the time of service. The initial consultation cost is \$210.00. We are unable to quote prices for procedures until after you have been seen by the physician and a plan of care has been established. You may not accrue a balance on your account.

Patient's initials

YOUR COPAY IS DUE AT THE TIME OF SERVICE.

Failure to pay your co-pay at the time of service will result in an additional charge of \$10.00.

- Your co-pay may be paid in cash, a check or paid using your credit card at the time of your service.
- Please indicate your preference to the receptionist at the time of your service.
- Unpaid copays will result in cancellation of appointments.

Patient's initials

DEDUCTIBLE AMOUNTS MUST BE PAID IMMEDIATELY ONCE CLAIM IS PROCESSED

A deductible is a set amount of medical expenses a patient must pay to become eligible for insurance benefits under an insurance program. What does that mean exactly? It means that before an insurance company begins to make payments for a patient, the patient must meet their deductible. We will call your insurance carrier before you are seen and inquire as to the amount of your deductible and if any of it has been satisfied yet. If you are scheduled for a procedure and your deductible has not been met, we will collect this amount from immediately once claim is processed.

Deductible amounts must be made to **Colorado Injury and Pain Specialists** for the professional fees and to Redlands Mesa Surgical Center for the facility/anesthesia fees.

Patient's initials

PAYMENT ARRANGEMENTS

Other than co-pay amounts and deductibles; when you accrue an account balance we will be happy to work with you to establish a monthly payment plan. You will be required to pay 25% of the balance due every month. Payments **MUST** be made every month. Your need for potential payment arrangements should be discussed before services are rendered. Payment plans may not be set up once accounts reach delinquent status (i.e. collections, bankruptcy). The 25% must be paid monthly or the account balance will become due in full and balances will be forwarded to a collection agency for continued collection proceedings.

Patient's initials

CANCELLATION POLICY

24 hour notice must be given for all office visits, physical therapy, and psych visits.

- **\$25.00 for a missed office visit with a nurse practitioner**
- **\$25.00 for a missed office visit with physical therapy**
- **\$50.00 for missed office visit with a physician**
- **\$100.00 for missed visit with clinical psychologist**

24 hour notice must be given for ALL procedures.

- **\$100.00 for a missed procedure visit and an additional \$100.00 if anesthesia was scheduled**

You must make payment immediately when a no-show cancellation charge has been assessed to your account in order to schedule any appointments or to avoid cancellation of other appointments previously scheduled. When payment is received for the 1st no-show/cancellation (this only applies to 1st fee), this will be used towards your account balance or applied to your next visit co-pay. Should you late cancel a second time in a one year period then the collected fee will be forfeited and not applied to your patient balance or subsequent co-pays. Since money collected for no shows and cancellations is applied to your balance or subsequent co-pays this policy will apply to all late cancellations regardless of cause or reason. In extraordinary situations, at the discretion of the Program Coordinator or Medical Director the fee may be waved.

Three missed appointments without proper notification may lead to discharge from the practice.

Patient's initials

There will be a **\$25.00** charge for any form completion over and above any medical request fee. This includes Disability, legal documents, etc.

We ask that you read this policy and assist us in keeping our costs down by ensuring that we can be paid

on a timely basis for our services. We welcome the opportunity to discuss with you any aspect of our financial policy.

To help us fulfill this policy, we ask that you assist us by:

1. Providing us with current and updated information on yourself and your insurance coverage and advise us immediately of any changes in insurance coverage, personal address, etc.
2. Making payment at the time of service for the entire balance if you are a "Self-Pay" or "Self-Insured" patient or for the amount of the deductible or co-payment if you have insurance.
3. Keeping your balance current or continue to make regular monthly payments on your balance.
4. Discussing your account status and balance only with the checkout staff or our billing staff.

Your physician is not in the billing department. Please do not discuss the financial aspects of your care with the physician(s). It is important for them to be allowed to practice medicine and provide patient care. We have employed professional billing staff that is familiar with the services we provide and with all of the insurance plans with which we participate. Please call them at 419-843-1369 anytime you have questions about your coverage or your account.

We ask that you pay ahead of time on the balance or any unmet deductible that is your responsibility. For **Medicare patients**, we will wait until we have received payment or other response from Medicare before billing you for any remaining balance due.

For **Worker's Compensation claims**, it is our policy to bill your employer or the Worker's Compensation carrier for services rendered. However, you must bring proof of acceptance of the claim; complete billing information and authorization from the compensation carrier. **Otherwise, you will be responsible for all fees incurred.** If you are covered, we will accept the payment made by Worker's Compensation as payment in full. If Worker's Compensation denies payment or goes into litigation, the entire balance will become your responsibility and will be due within 10 day of the date of the denial. We will, however, as a courtesy bill your private health insurance plan if you provided us with the appropriate information at your initial visit. For this reason, and for your protection, we ask that you provide complete information on all your health insurance at the time of your initial appointment.

For **Standard Insurance carriers** that do not cover office visits, you will be required to make full payment for the services not covered on the day of service.

For **Commercial contracted carriers**, we will wait until we have received payment or other response from your insurance before billing you for any remaining balance due. We ask that you pay ahead of time on the balance or any unmet deductible that is your responsibility.

We do not hold bills for pending litigation or bill attorneys for services rendered to patients. Presenting a letter or representation from an attorney does not alleviate you of the responsibility for your bill. **If your treatment is required as a result of an accident, we will expect 50% of charges for service at the time of service.**

If you do not have any health insurance and are not covered by Medicare, Medicaid or Worker's Compensation, you will be considered a "Self-Pay" patient. Payment is due at the time we deliver services to you and we require that you pay 50% of the charge for the service at the time of your visit.

Patient's initials

Our Responsibilities

- File claims with insurance companies in a timely manner
- Send appropriate documentation of procedures and medical necessity when necessary
- Post payments received in a timely fashion
- Send statement of account activity and patient balances due in a timely manner