

Financial Policy

Our practice is committed to providing you the best healthcare possible as well as helping you receive the best reimbursement for those services. We are also committed to filing correct claims to all insurance carriers. The Capital City Pain Care staff is happy to assist you with any questions you may have about your account or balance with us.

Our Responsibilities

- We understand that health insurance can be confusing. Therefore, while it is ultimately your responsibility to know your insurance plan, we will make reasonable efforts to assist you by verifying that you have an active policy at your insurance company. This does not guarantee payment of service, it only verifies that you have actual coverage.
- As a courtesy to you, our office will send bills for our services to your insurance company on your behalf.
- We will bill your insurance company in a timely manner. ☹ If your insurance company fails to acknowledge receipt or pay after two “clean claims” (all information is correct), you will be notified and the insurance company balance will be assigned to you.
- We will keep your personal medical and account information confidential according to state and federal laws.

Patient Responsibilities

- Present a copy of your health insurance identification card, and pay your copay each visit.
- Pay your bill on time (within 30 days of receiving a statement)
- Your appointment time is set aside specifically for you. If you are unable to keep an appointment, you are required to provide us with a 24-hour notice. Failure to do so will result in a \$50 no-show fee. This fee is not covered by your insurance. You are responsible for paying this fee before you are able to schedule another appointment.

Non-Covered Services are Your Responsibility

Insurance companies do not pay for all medical services, even those that might be helpful to the patient. When a service is not covered by your insurance policy, you are responsible for paying the bill.

Federal law addressing insurance claims require that we submit every claim to an insurance company accurately, reporting the exact services performed and the exact reason for performing them. We cannot change this information just so the claim can be paid by the insurance company.

Please remember that it is up to you to understand the requirements of your individual insurance plan and that if a visit is not approved, your insurance company may not cover the service and you will be responsible for the bill. If you're not sure if a service is covered by your plan, we will be glad to call your insurance company in advance to see if you are going to be responsible for the bill.

Insurance Payment & Patient Responsibility

It is your responsibility to understand your insurance plan benefits and your responsibility for co-payments, co-insurance, and any deductible amounts for services you receive. If you have questions on your insurance benefits coverage, you can call the Member Services Department listed on your insurance card regarding your coverage.

ON CALL PHYSICIAN
614 - 947 - 9173

OUTREACH CLINIC
408 GLESSNER AVENUE
MANSFIELD, OHIO 44903

There are several patient responsibility components that may apply to an insurance payment.

- **Deductible** – a set annual amount that the patient is responsible for paying prior to their insurance making a payment. It is your responsibility to know if Capital City Pain Care is an IN network or OUT of network provider under your insurance plan/coverage; there are normally separate deductibles for IN vs OUT of network providers, and they do not combine.
- **Co-Pay** – a set dollar amount per office visit that is the patient's responsibility. You are required to pay your office visit co-pay when you check in for your appointment. If you do not have your copay, you will be re-scheduled.
- **Co-Insurance** – a percentage of the charge that is the patient's responsibility.

Because of the contract you have with your insurance company, we are obligated to collect payment from you for your portion of the balance.

If you have an unmet deductible of \$500 or more, then a down payment/deposit will be required at each visit until your deductible has been met. If you are unable to pay the down payment/deposit then your appointment will be re-scheduled.

Office Visit Deposit \$100
Fluoroscopy Procedure/Injection Deposit \$225

Your insurance company will send you an Explanation of Benefits (EOB) to provide you with a summary of how your insurance company administered your benefits. This statement will also indicate what your responsibility is on a particular claim. If you disagree with how your benefits were administered you need to direct your inquiries to your insurance company.

We will be glad to work with you on payment plans for denied and non-covered services. Please contact our office at 614-442-0700 to make arrangements. If your insurance company denies your services, we will make all attempts to appeal the denial. We will also request that you contact them and advocate on your behalf. If your insurance company requires excessive time and manpower to manage your claim, you will be responsible for the fees charged by our billing company. If all attempts from all of us fail, we will reduce your fees to our discounted self-pay/cash patient prices. Please note that we do not reduce our fee schedule for Personal Injury Litigation patients.

Self-Pay/Cash Patient Fee Schedule

If you do not have insurance or Capital City Pain Care is out of network with your insurance and your plan does not have out of network benefits, you will qualify for our self-pay patient discount. This discount does not apply to Personal Injury Claims, patients who provide us with false/fraudulent insurance information, or patients with out of network benefits.

The following fees will be collected prior to the self-pay appointment:

New Patient Consult \$200
Office visit \$100
Procedure/Injection \$225

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Payment Methods

We accept a variety of payment methods, including cash, check, money order, or credit/debit cards. We are able to accept credit/debit card payments via our website and by phone.

We understand that there may be times and circumstances that come up where you are unable to pay your entire bill. In these situations it is VERY important that you contact our office at 614-442-0700 so a representative can assist you in setting up a reasonable plan and to keep your account from being sent to a collection agency.

Attorney Liens and Personal Injury Litigation

If you have been the victim of negligent behavior and have pending litigation, Capital City Pain Care requires a letter of protection from your attorney. Liens must be signed by you and your attorney prior to your visit being scheduled. It is your responsibility to notify our office if you change your legal representation at any time. If you dismiss your attorney without your case being settled, any unpaid balances will become your responsibility and will then become subject to the Capital City Pain Care collection policies. Please note Capital City Pain Care does not bill Medicare or Commercial Insurance for personal injury claims. We will provide copies of the medical bills and records to your attorney.

Workman's Compensation

If you have been the victim of a work related injury, Capital City Pain Care will submit a written request for authorization to perform treatment. Office visits and treatment require authorization prior to scheduling. If your claim is denied, after services have been performed, you are responsible for the balance. If you settle your claim resulting in the denial of previously performed services then you will not be able to schedule appointments until your account is paid in full.

Failure to Pay for Services Rendered

Returned Checks-For checks returned to us for non-sufficient funds, we will charge a \$50 fee. In addition, check privileges will be denied after the first returned check.

Multiple Statements- Capital City Pain Care will send you three monthly statements. If you fail to make payment or set up a payment plan, then your account will be referred to the collection agency and your ability to schedule appointments will be suspended. If you have been set up on a payment plan and fail to make two consecutive payments then your account will be referred to collection. Due to the costs associated with sending out multiple statements, we reserve the right to assess any account with balances older than 90 days a monthly interest rate of 2%. Capital City Pain Care does not assess interest if the patient is on a payment plan and making timely payments.

Past Due Accounts- If your account has to be sent to the collection agency, additional fees will be charged. Due to the cost associated with setting up your account at the collection agency, we will add an additional fee of \$100 to your account. These charges along with your balance will be your responsibility. You will not be able to schedule visits until your account has been cleared.

Refunds

Overpayments will be refunded to the appropriate party. Patient refunds will not be processed until all pending insurance claims have been paid in full. Refunds of \$5 or less will not be issued unless specifically requested. If you would like your refund applied to a family members account or a past due account with Capital City Neurosurgery, you will need to notify our office at 614-442-0700.

General Fees

Forms 2 pages or less \$30
Forms 3 pages or more \$50
Inappropriate or excessive insurance company prior authorization requests or peer-to-peer requests \$30
Medical Records requested by Disability Attorney or Short/Long term Disability Insurance Policy \$30
Narrative Reports for SSI Disability or Personal Injury \$500
Narrative Reports for Additional Allowances \$300
Deposition for MVA or other personal injury law suit to be determined by physician

Prescription Management Fees

Due to the Heroin and opioid epidemic, the Ohio State Legislature has enacted multiple laws to regulate and control the prescribing and distribution of controlled medications and opioids. They have mandated regulatory paperwork in excess of what is customary in any other medical specialty. Therefore, if you wish to be provided with prescriptions for a 90 day interval or if your insurance company requires prior authorization for the prescribing of opioids or any other medication for pain then the following fees apply:

Three consecutive prescriptions for opioids \$40
Three consecutive prescriptions for two different opioids \$50
Medication Prior Authorization \$30
Requests for refills or new prescriptions without an appointment \$40

Patient Acknowledgement

I authorize the release of medical information necessary to process claims for my insurance either by mail or electronic submission. I authorize payment of medical benefits to Capital City Pain Care for services rendered. I certify the information provided on this form is correct to the best of my knowledge. I understand that I am financially responsible for all charges whether they are covered by insurance or not and will be charged a service fee if sent to a collection agency.

I agree, in order for the practice or third party agency to service my account or to collect any amounts I may owe, they may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. The practice or agency may also contact me by sending text messages or e-mails, using any e-mail address provided by me. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I have read and agree to the above policies. I have received and understand the Financial Policy of Capital City Pain Care.

Patient Signature

Date