FINANCIAL POLICY

INTRODUCTION

Thank you for choosing **NC Pain Management Services PA (NCPMS)** as your Pain Management provider. We are dedicated to serving our patients with the highest quality of care at the lowest possible cost. We are committed to building a successful patient- physician relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. 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 Pain Clinic charges. We encourage open discussion of services and fees prior to treatment. It is your ultimate responsibility to see that all charges are paid. Please feel free to call our billing office, if you have any questions about our fees, our policies, or your responsibilities.

You will receive two bills for your services: One from **NCPMS**, which includes the professional services provided by our physicians or physician assistants, and **the other** from ***Alamance Regional Medical Center***, which includes the facility fee (i.e. nursing and technician services, supplies, and equipment). Questions regarding the first,(Physician Bill) should be directed to "***EJ and Associates, LLC***", our billing office at **1-(803)-356-2888**. Questions regarding the second, (Hospital Bill) should be directed to the hospital's ***"Patient Accounting Office"*** at **1-(336)-538-8400**.

The rest of this financial policy information is specific for **NCPMS** and therefore any questions should be directed to our physician billing service, currently "***EJ and Associates, LLC***", at **1-(803)-356-2888**.

Little known Facts about Deductibles, Co-Payments, and Coinsurance: There are three words that people often misunderstand and misuse. They are: co-pay(ment), coinsurance, and deductible. Before an insurance company even considers paying any of your insurance benefits, there are two requirement that must be satisfied; one is the co-payment, the other is the deductible.

- ***The deductible is*** a contractual amount you MUST PAY, every year, for your medical bills, in addition to your copayment, before the insurance company will begin paying benefits. The amount is applied to the first claim(s) that are received during the year, and the patient must make payment to the provider of service whenever an amount is applied to their deductible. This amount depends on the type of plan you chose when you signed your contract with your insurance carrier.

- ***Co-insurance is*** an insurance policy provision under which the insurer and the insured share costs incurred after the deductible is met, according to a specific formula. More generally, it is the sharing of risk between the insurer and the insured. **Also known as the "co-payment"**. It is the amount that the insurance company does not pay, after the deductible has been met. A co-pay or co-payment is the contractual amount you MUST PAY for your use of a specific medical service covered by your policy. The co-pay is the managed care (HMO, MCO, etc.) cost share obligation. **Based on the rules of managed care, the patient CANNOT see the doctor until they make their co-payment. This is governed by federal law and is not open to interpretation.** To "write-off" a co-pay, or to authorize a patient in to see the doctor without collecting the co-payment, is against the law! Typically, the insurance will pay 80% of the allowable amount, and the insured member is responsible for the other 20%. Both of these concepts, deductible and co-insurance, are cost share obligations under a traditional indemnity, or fee-for-service health insurance plan.

- ***Medical Practice Fraud***: In fact, a pattern of waived copayments is considered to be fraud. The American Medical Association's *Compliance Guide for Medical Practice* states that when a medical practice waives a coinsurance amount, yet bills the remaining portion of the service to the insurer without disclosing the waiver, a false claim is generated. This is because the charge for the service has been misrepresented. According to the *Compliance Guide*, "The waiver of copayments and deductibles and the provision of free services, may be viewed as a violation of law or a violation of the physician's participation agreements with insurance companies." It is important to note that it is generally not permissible to waive Medicare and Medicaid patients' co-insurance obligations; such waivers may violate federal and state, Medicare and Medicaid, anti-kickback statute, 42 U.S.C. 1320a-7b(b), which makes it illegal to offer, pay, solicit or receive anything of value as an inducement to generate business payable by Medicare or Medicaid. Not collecting co-payments could subject physicians to criminal and other sanctions.

- ***Patient/Insured Fraud***: Federal False Claims Act, 31 USC Section 3279. The act establishes liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment. Including misleading information on or omitting information from an application for health care coverage or intentionally giving incorrect information to receive benefits.

THE FOLLOWING IS OUR PAYMENT POLICY:

Insurance: We participate in most healthcare plans. We will bill your insurance as a courtesy to you. We will file claims to your medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the patient information form is accurate and current. If we are unable to verify your insurance or you do not have your insurance card, full payment is due at the time of service. If there is a change in insurance information please let us know immediately. You are expected to pay your deductible and copayments at the time of service. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility. If a claim is unsuccessful because of flawed insurance or billing information, you will be responsible for the entire balance. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like this service done.

Proof of Insurance: All patients must complete and/or update our Patient Information Form at each office visit. You must furnish valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provide false or expired insurance information you will be responsible for the balance of the claim. Please notify us of any changes in insurance coverage prior to the time of service. Insurance denials for termination of coverage will be automatically billed to you.

Healthcare Plan Details: 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 them current. If you need any help, our staff will be more than happy to help you through the process. In your insurance card there will be a telephone number, which is the number that you should call for pre-approvals or information on deductibles, co-pays, allowable, and pre-certification. You can also use this number to find out what your insurance company 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.** Remember that the difference between the allowable and the cost of the treatment will be your personal responsibility. 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.

Insurance Coverage: Your medical insurance coverage is dependent on the stipulations of the contract that was signed between you and your insurance company. These contracts are usually risk and cost sharing agreements, between you and your insurance carrier. WE ARE NOT a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. In order to avoid denial of payment due to a clerical error or administrative technicality, we need to properly obtain pre-authorizations, pre-approvals, and accurately bill your insurance company. For this, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete insurance information may result in the responsibility for the entire bill, falling on the patient. If the insurance company denies the claim, due to a plan provision, you will be responsible for the balance. You are ultimately responsible for the timely payment of your account.

Provider Coverage: Although we may be a participating physician or practice, with your insurance carrier, we may not be a participant in your particular plan. We are not responsible for ensuring that our provider is covered under your particular plan provision. Each insurance company has multiple plans. The provider may participate with the insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. Otherwise, you may be responsible for the entire bill.

Authorizations: A copy of your insurance card is required at the time of the initial service. The card is descriptive and indicates whether an authorization is needed. **If a copy of the card is not on the file at the initial service and the claim is denied for "no authorization," you will be responsible for the payment.**

Authorization Denials: Nobody can turn 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.**

Claim submission: We will submit your insurance claims and assist you in any way reasonable to help get your claim paid. Your insurance company may need you to supply information directly to them. It is your responsibility to comply with their request in a timely manner. 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 has to wait 45 days or more for payment. ***NC Pain Management Services, PA*** 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 our patients and we have certain responsibilities.

OUR RESPONSIBILITIES:

1. File claims with insurance companies in a timely manner.

2. Send appropriate documentation of procedures and medical necessity when necessary.
3. Post payments received in a timely fashion.
4. Send statements of account activity and patient balances due in a timely manner.

Your responsibilities as a patient include:

1. Providing us with accurate insurance carrier and billing information.
2. Provide us with current information on your secondary insurance.
3. Providing us with a copy of your current insurance card and driver's license.
4. Update our office when insurance coverage and personal information changes:
    a. Address or telephone number.
    b. Name (i.e., if you get married, divorced, etc.)
    c. Insurance information (i.e., Insurance carrier, plan, secondary coverage, etc).
5. Obtain pre-certification for services from your insurance carrier (telephone number is in your insurance card).
6. You are responsible for knowing the details of your particular insurance policy and benefits – including eligibility, and covered benefits; please contact customer services at your insurance company for questions you may have regarding your coverage.
7. It is ultimately your responsibility to verify coverage for your particular plan.
8. You are responsible for payment of services not covered by your insurance.
9. If you have a deductible, you are responsible for all charges until the deductible is met.
10. If your plan has co-payments, you are responsible for those co-payments.
11. Pay co-payments and unmet deductibles at the time of service.
12. You are responsible for any and all allowable charges which remain after your insurance has paid its portion.
13. Pay outstanding balances when you receive statements.
14. It is your responsibility to make sure that we are an "in network" provider for your plan.
15. If we are "out of network" for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately.
16. It is your responsibility to let us know of any restrictions your policy has on ancillary services (such as requiring the use of a specific lab).
17. You are responsible for contacting our billing office and inquiring about the exact amount of your copayment and deductibles, before coming in for your appointment.
18. You are responsible for making sure all charges are paid, whether it is by you, or by your insurance carrier.
19. Work with employers and insurance companies if collection from insurance companies becomes a problem.
20. Stay in touch with our billing office regarding your account.

Co-payment: (Also known as co-pay or co-insurance.) Your **co-pay** is due at the time of your service. Your co-pay may be paid in cash or by credit card, at the time of service. Please process your payment with the receptionist, at the time of your service.

Deductibles: 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. Since we are not a party to the agreement between you and your insurance company, we ask that you assist us in contacting them if they have not paid for your services within 30 days. If you perceive that your plan does not pay benefits as dictated by your insurance contract, we suggest you contact the insurance company directly. We regularly review our fee schedule and believe our fees to be reasonable; therefore, we will not become involved in disputes over usual, customary, and reasonable charges, as determined by the insurance company.

Payment Method(s): We accept cash, credit, and debit cards. **We do not accept checks.**

Payment Plans: None. NCPMS is not a financial institution and therefore, it does not have the ability to absorb debt. Patients are encouraged to make payment plan arrangements with their credit card providers.

Payment Due Date(s): Payment is required in full, at the time services are provided. This includes applicable coinsurance and copayments for participating insurance companies. Failure to comply may result in having to reschedule your appointment. Balances are due within thirty (30) days of the billing statement date. Any balance unpaid after ninety days will be turned over to a collection agency. Accounts that are past due will be turned over to our collection agency and reported to the Credit Bureau. Accounts that have statements returned with no forwarding address will be charged $10 and turned over to a collection agency.

Medicare: We accept Medicare assignment. As a Medicare patient you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance we will bill it for you. Any remaining balance will be billed to you. All deductibles are due at time of service.

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 days 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.

Workers' Compensation and Automobile Accidents: In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

We do not hold bills for pending litigation or bill attorneys for services rendered to patients. We do not accept attorney letters or contingency payments. 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, and your health insurance has agreed to cover it, we will file your group health insurance. If your health insurance carrier will not cover our charges because of third-party liability insurance, we will expect payment in full at the time of service.

Motor Vehicle Accident Claims: We do not bill third party, we will bill to your medical insurance. If payment is not received, the balance is your responsibility.

Self-pay Accounts: Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Liability cases will also be considered self-pay accounts. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Self-pay patients will be required to bring $150 at the initial appointment and will be asked to make payment arrangements for the balance. Procedure patients must present $250 at the initial appointment and will be asked to make payment arrangements for the balance. Any subsequent visit charges will be due at time of service. The balance may be billed to your credit card, with whom you may set up a payment plan. We are not a non-profit organization or a

financial institution. We provide professional services requiring payment at the time services are rendered. A 30 day Limited extended payment arrangement is available if needed. Please ask to speak with a billing coordinator to discuss a mutually agreeable payment plan. Although it is never our intention to cause hardship to our patients, please understand that our creditors and equipment suppliers do not accept delays in their payments.

No Health Insurance: If you do not have any health insurance and are not covered by Medicare, Medicaid, or Workers 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 make payment in full at the time of your visit. This assists us in reducing billing and operating expenses that inevitably get passed on to patients.

Financial Hardship: If you anticipate balance due creates a financial hardship, we will be happy to work with you to establish a monthly payment plan. 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. The agreed on amount must be paid monthly, or the account balance will become due in full.

Account Balance: Patients with an outstanding balance 60 days or more overdue must make arrangements for payment prior to scheduling appointments.

Outstanding Balance Policy: It is our office policy that all past due accounts be sent two statements. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

Delinquent accounts: Statements will be mailed for outstanding balances. If more than one statement is mailed in an attempt to collect an outstanding debt an administrative fee may be assessed. Delinquent accounts may be assigned to a collection agency. All collection costs will be added to your outstanding balance. Patients with delinquent accounts may be dismissed from our practice. If your account is transferred out of our office for collection, you will be responsible for all fees incurred to collect your outstanding debt.

Refunds: Patient/guarantor credits in amounts less than $20.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts $20.00 and greater will automatically be refunded to the patient/guarantor.

Summery of Appointment Policy Charges:

WE WILL WORK HARD TO ACCOMMODATE APPOINTMENTS THAT FIT YOUR SCHEDULE AND MEDICAL NEEDS. WE ASK THAT YOU LET US KNOW ABOUT CANCELLATIONS OR CHANGES TWENTY-FOUR HOURS IN ADVANCE. HABITUAL MISSED APPOINTMENTS ARE GROUNDS FOR DISMISSAL FROM THE PRACTICE.

Missed appointments. Broken appointments represent not only a cost to us, but also an inability to provide services to others who could have been seen in the time set aside for you. We require 24 hour notice of cancellation to avoid a cancellation fee. The fees are detailed below. It is your responsibility to remember your appointment.

1. There are no penalties for **"Cancelations"** or **"Rescheduling"** with more than 24 hours in advance to your appointment.
2. When a patient does not call to cancel an appointment and simply fails to show-up, this is called a **"No-show"**.
3. **No-shows** to an **evaluation appointment** will result in a **$50.00 administrative charge**.
4. **No-shows** to a **procedure or surgery** will result in a **$100.00 charge**.

5. To completely avoid a **"No-show fee"**, all you have to do is to call and cancel your appointment with more than **24 hours** in advance.
6. If you are unable to make the 24 hour deadline, it is still a good idea to call and cancel since it will result in a **reduced fee**:
    a. **$25.00** for a missed evaluation appointment, and
    b. **$50.00** for a procedure or surgery.
7. Three **"No shows"** within a period of 24 months will automatically result in discharge from our program.

OTHER SERVICES, CHARGES AND PATIENT RESPONSIBILITIES:

Insurance coverage generally does not include coverage for many administrative services, such as requests for information and form completion. ***The following services may have an administrative service charge that will be billed directly to you and are your responsibility for payment.*** Our practice is committed to providing the highest quality of service to our patients while keeping our charges for administrative services at or below the usual and customary charges of other medical practices in our area. All such administrative fees must be paid prior to scheduling future appointments.

Form completion: All forms requiring medical review and physician signature – including prior authorizations, FMLA, disability or other paperwork – these may be subject to an basic administrative processing fee of $35.00, plus $5.00 per page. Administrative fees may be waived if the patient has a scheduled appointment in conjunction with forms completion. However, patients need to request additional appointment time allotment with more than 24 hours prior to their reserved appointment date.

Rush Jobs: An additional "**Special Handling Fee**" of $50 will be charged if records or forms must be completed within 48 hours of the request.

Requests for medical records: At this point, this is a service provided by Alamance Regional Medical Center Hospital, at a cost. For information and requests, call the Patient Accounting Office, at **(336) 538-8400.** NCPMS requires written requests for the release of medical records. Please allow 15 business days to release the requested copies to you. Please take this into consideration when requesting copies of your medical records.

Medical Record Copies
Patients will be charged the basic administrative processing fee for copies only. Attorneys and Insurance companies will be charged a $15 administrative security compliance check fee, plus postage, plus the administrative processing fee for copies, plus any additional processing expenses.

Basic Administrative Processing Fee for Copies
$.25 per page – under 100 pages
$.10 per page – over 100 pages
$15 for an itemized bill

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 the services of a 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 toll free at **(803) 356-2888** anytime you have questions about your coverage or your account.

NOTE: We recommend that a lawyer review your Financial Policy before it is implemented.