PROGRESSIVE
PAIN MANAGEMENT

www.progressivepain.com

PRACTICE POLICIES - page 1 of 2

Thnak you for choosing **Progressive Pain Management.** We are committed to the treatment of your condition. In order to provide your care, we require both treatment and financial compliance. Your clear understanding of our policies is important to our professional relationship.

We are happy to bill your primary insurance company directly if a copy of both sides of your insurance card is provided at the time of service as well as all required demographic information necessary to file your claim. If you fail to provide the necessary demographic information to file your claim, you will be responisible for payment in full at the time of service. You are required to notify us when any demographic information changes. You are required to provide a copy of your insurance card if your coverage changes. If payment is not received from your insurance company within ninety days, you will be expected to assist in the resolution of the open claim. If the claim continues to be unpaid after 120 days, we reserve the right to bill you directly. It is in your best interest to ensure that the correct insurance information is provided at the time of service.

If you have HMO coverage, it is your responsibility to obtain the necessary referral for you visit or procedure and forward a copy of this referral to our office prior to your visit or procedure.

All patients are expected to pay at the time of service. We accept checks, money orders, Master Card, Visa, American Express and Discover. Self-pay patients are required to pay in full at the time of service. If your insurance plan requires a copayment, it is payable at the time of service. **If you present without the copayment or do not remit copayment within 24 hours of your visit, we reserve the right to bill you a $15.00 administration fee.** If for any reason a payment is dishonored by your bank, there will be a $40.00 service fee added to your bill and you will be required to pay by cash, certified check, money order or credit card for all future services.

We are participating providers for many plans. However, we encourage you to use your out-of-network benefits for all other carriers. You will be required to show your insurance card and driver's license at the time of service. If you do not have your insurance information or we are unable to verify your coverage, you will be required to pay for the services rendered to you that day. If your insurance coverage terminates or changes, you are responsiible for notifying us of this change immediately so that we can assist you in receiving your maximum reimbursement. In the event that your insurance carrier issues payment directly to you, it is your responsibility to forward that payment along with the explanation of benefits for appropriate posting of the payment to **Progressive Pain Management**.

There may be times when our physician is out of the office and you are required to see a physician who is not in your network. In these instances, we will work with your insurance plan to obtain in-network benefits to minimize your out-of-pocket payment.

Filing a secondary claim is a courtesy to the patient. We will only submit to your secondary carrier if they have electronic submission. If there is no response the balance will be your responsibility. If we receive payment from you and your secondary carrier, a refund of the overpayment will be made to you. We will not file tertiary insurance, but will provide a claim to you upon request. You are responsible for all tertiary balances.

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If you fail to meet your finanacial obligations in a timely manner, we reserve the right to discontinue care and refer your account to collections. **You are responsible for any interest, agency, and legal fees associated with collections, which could total up to 50% of the balance owed.**

We do accept **Workers Compensation and Personal Injury cases**. We will only file these claims with your regular insurance if a written denial from the workers compensation or personal injury carrier is received. **We accept liens only for services provided in our office.** All necessary legal contact information must be provided in advance of your service to allow us time to process the necessary lien paperwork.

Disability Forms, Reports, Etc.

Requests for completion of disability forms, reports, or other paperwork will require a minimum fee of $15.00, paid in advance, related to the amount of the preparation involved. Please allow 5 business days for completion.

Appointments

Please be sure to provide a telephone number where you may be reached. If you have voice mail on your contact telephone number, our staff will leave a message including the time, date and location of your appointment.

We require 24 hours notice if you intend to cancel your appointment. Should you cancel, reschedule or fail to appear for an appointment twice without 24-hour notices, we reserve the right to charge a no-show fee.

If you are scheduled for a procedure at any location and cancel without a 24-hour notice to our office, a cancellation fee of $50.00 will be billed to you directly. Missed appointments for procedures at surgery centers (including taking of medications and lack of transportation) will be billed in the amount of $100.00.

If you are late for your appointment, we reserve the right to reschedule your appointment or see you as the schedule permits. If you are a new patient and do not complete your forms in advance, you are required to be at the office at least 45 minutes in advance of your appointment to complete the necessary forms. **Failure to do so will result in the rescheduling of your new patient visit.**

HIPPA Privacy

By signing this form, you acknowledge receipt of the ***Notice of Privacy Practices*** of the offices of Progressive Pain Management. This policy explains your rights including your right to see and copy your records, to limit disclosure of your protected health information and to request an amendment to your record. You may revoke in writing any consent for release of your health care information except to the extent that the office has already made disclosures with your prior consent. Because of the privacy regulations we are not a liberty to discuss your treatment with anyone unless you specifically designate your permission to do so. If you wish to allow access to your protected health information to any individual, ask our receptionist for an ***Access to Medical Records*** form. By signing this release, you allow us to discuss your care with the specified individual(s). If a family member has concerns about your care, we may not discuss these concerns without your written permission. Our ***Notice of Privacy Practices*** provides information on your rights and is available on our website. We encourage you to read it in full. If you have any questions regarding our notice and if we change our notice, you may obtain a copy of the revised notice by contacting us at 732-389-3500 or by visiting our website at ***www.progressivepain.com***