



**SARTELL**  
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[www.centerforpainmanagement.org](http://www.centerforpainmanagement.org)

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## **Financial Policy**

Our practice is committed to giving 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 Center for Pain Management 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 your services, 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.
- We will keep your personal medical and account information confidential according to state and federal law.

## **Patient Responsibilities**

- Please bring a copy of your health insurance identification card to each visit.
- You are required to provide our office with the following:
  - Current address, phone number and in some cases a social security number (e.g. work comp)
  - If your visit is related to an injury, please provide date of injury, location, employer, worker's compensation carrier and contact information for the agent or adjuster
- Pay your bill on time (within 20 days of receiving a statement)
- Know whether or not Center for Pain Management participates with your insurance plan.
- Preauthorizing your visit if required (managed care plans)
- 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, as allowed by your carrier contract.

## **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.

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 The Center for Pain Management 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 clinics, 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.
- 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.

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 inquires to your insurance company.

We will be glad to work with you on payment plans for non-covered services. Please contact our Billing Office to make arrangements.

**Payment Methods**

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

If you do not have insurance coverage and will be paying for the services yourself, you will need to speak with our Billing Office @ Ph# 320-281-5288. A down payment will be required prior to your appointment.

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 Billing Office (320-281-5288) so a representative can assist you in setting up a reasonable plan and to keep your account from being sent to a collection agency.

**Contact Information**

Center for Pain Management \*\* 166 19<sup>th</sup> Street South, Suite 101 \*\* Sartell MN 56377 \*\* Ph: 320-230-7788

**Patient Acknowledgement**

I have received and understand the Financial Policy of Center for Pain Management.

_____	_____	_____
Patient Name	Patient Signature	Date

_____	_____
Center for Pain Management Name & Signature	Date

\_\_\_\_\_ Patient Given Copy \_\_\_\_\_ Patient Declined Copy      Staff Initials \_\_\_\_\_<sup>i</sup>      Revised 1/23/2012

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