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BAXTER
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ALEXANDRIA
519 22nd Avenue East, Alexandria, MN 56308
Office: 320-219-7611 ** Fax: 320-219-7612

www.centerforpainmanagement.org

Financial and Collection 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.
- Refunds will be issued within 30 days of final EOB reconciliations.

Patient Responsibilities

- Please bring a copy of your health insurance identification card and a valid picture ID to each visit
- You are required to provide our office with the following:
 - o Current address, phone number, and in some cases a social security number (e.g. work comp)
 - o If your visit is related to an injury, please provide the 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)
- Copays, deductibles, and co-insurance are due at the time of service. Call the business office before your appointment if you are unable to pay the required amount to avoid cancellation of the service.
- 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 cannot keep an appointment, you must provide us with a 24-hour notice.

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 requires 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.

Financial assistance is available upon completion of the application. Approval is based on the financial assistance policy. Please call the business office @ 320-281-5288 before the time of service to discuss.

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 make co-pays at the time of your visit.
- **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, inquiries should be directed 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, contact our Billing Office at 320-281-5288. Payment in full will be required at your appointment.

Financial Assistance Application Period

The financial assistance application period begins on the date the medical care was provided and ends 240 days after or 30 days after CFPM provides written notice.

Financial Expectations

Consistent with this policy Center for Pain Management will communicate with patient’s financial expectations as early in the appointment and billing process as possible.

- Co-pays, deductibles, and co-insurance will be due at the time of service. If unable to pay in full CFPM offers 0% interest payment plans and financial assistance is available. Please reach out to the business office before your appointment date to arrange payment.
- Patients are responsible for understanding their insurance coverage.

Collection Policy Statements

Communications with Patients

Center for Pain Management communicates with patients concerning medical debt owed and collecting medical debt in the following ways:

- In-person before, during, and after services via the registration, scheduling, and check-in/check-out processes
- Written monthly statements delivered via U.S. mail
- Written letters and notices through the U.S mail
- Telephone calls to the patient

If you feel that your concerns have not been addressed, please contact 320-281-5288 and allow us the opportunity to try and address your concerns. Or, you have the option to address any concerns with the Minnesota Attorney General's Office, which can be reached at 651-296-3353 or 1-800-657-3787/ You have the right to hire your own attorney to represent you in this matter.

Outstanding Medical Debt

Center for Pain Management will not deny medically necessary health treatments or services to a patient because of an outstanding balance or previous medical debt owed by the patient to the healthcare provider or facility. As a condition payments will be required before services are rendered if unable to pay payment plan options and financial assistance are available. 3353

Contact Information

Center for Pain Management ** 804 23rd st S ** Sartell MN 56377 ** Ph: 320-230-7788

Patient Acknowledgement

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

____/____/____

Patient Name (Print Name)

Patient Signature

Date

____/____/____

Patient Date of Birth