Comprehensive Pain Management
Minimizing pain. Changing lives.

Sandra R. Weitz, M.D Alpesh D. Patel, MD Elizabeth Russo-Stringer, MD
Brandon Dupre, NP Mary Surman, NP Rhonda Williams, NP

FINANCIAL POLICY

Thank you for choosing Comprehensive Pain Management (CPM) as your health care provider. We are committed to your treatment being successful and as stress-free as possible. Please understand that we consider your account to be the responsibility of both yourself and our business office and a part of your treatment here. The following provides patients with the financial policy of CPM and is a contract between you and Comprehensive Pain Management regarding your financial obligation to pay our fees for services provided by CPM. You are required to read it, ask any questions you may have regarding it, and provide your signature acknowledging that you understand and agree to the terms.

Financial Policy: Comprehensive Pain Management (CPM) policy requires payment in full, or insurance assignment from all patients. CPM will collect co-payment, coinsurance, and deductible amounts, in accordance with the benefits of your insurance company if under contract with CPM. Patient should contact their health insurance company for determination of benefits at CPM prior to your appointment date. As a service to our patients, CPM will complete and submit all insurance forms on behalf of patients.

CPM Doctors are licensed/board certified to practice Pain Management and evaluate each patient by way of interview, physical examination, and education of the patient.

1. Doctors may not prescribe any medication to you after evaluation/consultation. There is no guarantee that the physician will write prescriptions for you.
2. Doctors may not prescribe the same medications that you have been taking.
3. Doctors may alter the number and schedule of the medications you have been taking.
4. Doctors may give you only one or two week medication supply to evaluate your response to the medication

No refunds can be demanded after the consultation even if you or your family do not agree with the Doctor's plan or prescriptions you have been given. Consultation fees are charged when the Doctor meets with you and reviews your history and devises the most appropriate plan he/she feels is best for you at this point. Other tests or procedures may be a part of this plan and your Doctor may not be able to progress you if there is an unwillingness or refusal to follow the recommendations. **Your fee is based on the doctor's consultation and the medical advice/judgment that goes into your evaluation and will not be refunded under any conditions.**

If you must miss a scheduled appointment, it is your responsibility to notify the office with no less than 24 hours notice. Failure to do so may result in a $25.00 No Show fee that you will have to pay at your next appointment time. Failure to attend or cancel any further visits may result in your discharge from the office or prepayment of any future office visits. If you cancel an appointment, it is your responsibility to reschedule. Patients who are not seen at regular appointments will not have their prescriptions written or renewed. Effective September 1, 2009, if you are more than 20 min late, your appointment may be cancelled and you will be rescheduled at our next available appointment time. You will need to call the refill line to have medications refilled as prescriptions will not be written on site for late arrivals if your appointment is rescheduled for another day.

CPM reserves the right to make payment arrangements for patients in need, and on an individual basis. These arrangements may include the completion of applicable patient agreements, which will establish a patient schedule that outlines the terms and conditions of payments prior to the delivery of services. This is a patient service offered at CPM to assist patients who are determined to be in financial need due to a hardship or lack of health insurance coverage.

Each patient should be prepared at the time of their appointment to fulfill financial obligations to CPM and should be prepared to provide CPM with all health insurance information necessary to submit claims, ie. health insurance card and/or forms. Your health insurance card, or a copy of your health insurance card, is required at the time of your appointment.

Patients who are in need of financial assistance due to hardship or lack of insurance coverage, and who want to discuss payment options should contact CPM business office at (225) 368-2300.

If you are having a surgical procedure, you will receive a bill for your doctor from CPM. You will also receive a bill from the facility where you have your procedure such as Advanced Surgical Concepts Ambulatory Surgery Center or a local area hospital. In addition, there may be other providers that you receive a bill from who have provided you with services in conjunction with your procedure, such as laboratory and/or radiology.

I have read, understand and will abide by the financial policies of Comprehensive Pain Management, LLC

PATIENT LABEL

_____ _____

(Patient Signature) Date

7/29/2009

Comprehensive Pain Management
Minimizing pain. Changing lives.

Sandra R. Weitz, M.D *Alpesh D. Patel, MD* *Elizabeth Russo-Stringer, MD*
Brandon Dupre, NP *Mary Surman, NP* *Rhonda Williams, NP*

Financial Agreement to Pay Charges

The following outlines additional information regarding your financial responsibility to CPM based upon your financial classification:

1. **Self Pay Responsibility**
   a. Comprehensive Pain Management (CPM) policy requires payment in full. There are no exceptions to this rule unless previously agreed upon terms have been reached. Patients will be rescheduled if payment cannot be made.
   b. Comprehensive Pain Management accepts Cash, Check, MasterCard, Visa, Discover, and American Express.
   c. If payment is to be made by someone other than yourself (e.g. your attorney), it is your responsibility to ensure that payment has been sent in time for your appointment, or you must bring the check with you to your appointment.
   d. There is a $35.00 fee for all forms of payment that are returned due to insufficient funds, or credit chargeback.
2. **Insurance**
   a. Comprehensive Pain Management is a preferred provider for many insurance companies. If we are a contracted provider, we accept the contracted fee that has been agreed upon with your insurance company. You are responsible for the portion of the contracted fee that is specified by your insurance company that may be in the form of a co-pay, coinsurance or deductible or both. However, if you file a lawsuit that includes the cost of our services as damages, and should you recover any such costs that exceed the contracted fee with your insurance company, you agree to pay the full amount of our charges to the extent of your recovery, and expressly waive all your rights under any managed care contract to pay us less than our full charges to the extent that is allowed by law.
   b. Obtaining precertification or authorization is never a guarantee of payment by the insurance company. In addition, to deductibles, co-insurance, and co-pays, pre-existing conditions or exclusions may require you to pay a portion of, or all of our charges.
   c. Our business office will provide you with an estimate of the amount due based upon benefits verified with your insurance company. There are no guarantees that the amount due estimated at the time of service will be the final amount that you are responsible for paying to CPM. Please make sure you provide CPM with accurate insurance information and a copy of your insurance card. Please make sure that if you receive a new insurance card from your carrier, or if your insurance carrier changes, you make us aware of it. Failure to notify the business office, and the denial of claims as a result of incorrect information, could result in demand for all amounts due payable immediately.
3. **Workman's Compensation**
   a. If your reason for being seen is the result of an injury sustained at work, it is important that we know the date of the injury, where you were employed, what claim number has been assigned by the workman's compensation carrier, the name of adjuster or nurse case manager assigned to your case, and if you have retained an attorney to represent your interests.
   b. We have a workman's compensation coordinator who will obtain authorization for your care, and will provide the adjuster with documentation of your care.
   c. It is important that you understand that an injury that occurs at work and is covered under a workman's compensation claim is for specific body parts. If you request treatment for any other part of your body, the responsibility for payment of those services falls under either your health insurance or payment by yourself.
4. **Accident**
   a. If the reason for being seen is the result of an accident of any type, it is important that we know when and where the accident occurred, who was deemed responsible, what attorney you have retained, and how are you planning to pay for your services.
   b. If your attorney plans to pay for your medical expenses, it must be paid at the time of service and we must have a letter to that effect from the attorney's office.
   c. If you plan to use your health insurance, you will be responsible for payment of all deductibles, copays, and coinsurances at the time of service. If you file a lawsuit that includes our charges as damages, you are still responsible for the full amount of our charge; however, if you notify us of the lawsuit and allow us to file a lien in the amount of our charges, we may, at our option, wait until conclusion of the lawsuit to collect our charges from the proceeds of the lawsuit.

.

I have read the financial agreement to pay charges. I agree to these terms and rules.

_____ _____
(Patient Signature – if Minor, Parent / Legal Guardian Signature) (Date)

PATIENT LABEL

_____
(Parent / Legal Guardian Print Name) 7/29/2009

Comprehensive Pain Management
Minimizing pain. Changing lives.

Sandra R. Weitz, M.D Alpesh D. Patel, MD Elizabeth Russo-Stringer, MD
Brandon Dupre, NP Mary Surman, NP Rhonda Williams, NP

Assignment of Benefits

PATIENT LABEL

I , agree with my signature below, to serve as a signed authorization for Comprehensive Pain Management, LLC to release any information to my insurance carrier, managed care plan or third party payor, necessary to process my bill for services rendered at CPM. I authorize CPM to directly bill my insurance carrier and to receive payment directly from my insurance carrier and or managed care plan, for services provided by CPM. I understand I am responsible for any balances due that are not paid to CPM in accordance with my health insurance policy or managed care plan.

_____ _____ _____/_____/_____
(Print Patient Name) (Patient Signature) (Date)

I certify with the signature below that I am the responsible party and guarantor of payment to CPM.

_____ _____ _____/_____/_____
(Print Guarantor Name If not Patient) (Guarantor Signature) (Date)

Guarantor Relationship to Patient _____

Guarantor Social Security # _____-_____-_____

Guarantor Address: _____

_____

Guarantor Phone # _____

7/29/2009