

# MEDICAL PAIN MANAGEMENT SERVICES, LTD

## FINANCIAL POLICY & PATIENT RESPONSIBILITIES

Medical Pain Management Services (MPMS) firmly believes that a good physician/patient relationship is based upon understanding and good communication. We realize the billing and financial aspects of healthcare can be complicated and it is our goal to simplify this process as much as possible by keeping you informed of your financial responsibility in statement form and through our secure web portal. Please read this carefully and if you have any questions, please do not hesitate to ask.

### PAYMENT:

1. All applicable co-payments, co-insurance and personal balances, both current and prior are due at the time of service unless other payment arrangements have been made. In some cases, you may be asked to pay the balance of your account or make payment arrangements prior to making your next appointment.
2. If you fail to meet the financial obligations agreed upon in this financial policy or other payment arrangements made, your outstanding balance will be sent to a collection agency and you will be required to pay the entire balance and any collection agency fees, up to 30%, before being scheduled for any further appointments.
3. Accounts over 30 days old from billed date are subject to an interest rate of 1.5% monthly.
4. If after billing your insurance plan the claim is denied for any reason, the charges then become your responsibility.
5. There is a \$25.00 service charge for returned checks.
6. If you have questions regarding your charges/bill please contact Tenzing Billing at 815-636-6192.
7. Medical Pain Management Services accepts the following forms of payment: cash, checks, Visa, Master Card, or Discover Card.
8. Over payments will be refunded after all charges have been processed and paid by your insurance company.

### INSURANCE:

1. Our office participates with a variety of insurance plans. MPMS accepts assignment of insurance benefits. This means your insurance plan will pay MPMS directly the amount due based on your plan coverage.  
It is your responsibility to:
  - Bring your insurance card to each visit and notify MPMS of any changes to your coverage and personal information
  - Know and understand your benefit plan
  - If MPMS physicians do not participate in your insurance plan or you are a **self-pay** patient, payment in full is expected at the time of the services unless prior arrangements have been agreed upon.
2. Be aware that MPMS physicians may provide services at the MPMS Pain Clinic, Rockford Ambulatory Surgery Center, OSF Outpatient Services, SwedishAmerican Hospital, Rochelle Community Hospital, & KSB Hospital. Your insurance coverage may be different for each facility.

3. We will work with your insurance plan to obtain payment. Your assistance in collection from your insurance plan may be required.

**AUTO & PERSONAL INJURY CASES:**

1. Our policy regarding injury cases is to require a minimum monthly payment in order to keep your account current.
2. MPMS requires both your health insurance plan information as well as the accident insurance plan information at the initial visit in order to file claims to both potential responsible parties. This eliminates possible denied claims at a later date due to timely filing issues imposed by insurance companies.

**RELEASE OF PROTECTED HEALTH INFORMATION**

By signing this form, you are authorizing Medical Pain Management Services, LTD or its designee (s) to release and disclose protected health information as may be necessary to process insurance claims and obtain payment on your behalf. This information is acquired during the course of your examination and treatment. This includes any alcohol or drug abuse information that may be protected by federal Regulations-42CFR Part 2.

**AUTHORIZATION TO ACCESS MEDICATION HISTORY**

By signing this form, you are authorizing Medical Pain Management Services, LTD or its staff to view medication history obtained from external sources.

- **A note regarding Medication Refills:  
You must be seen by your provider every 3 months (90 days) in order to obtain a refill on your medications.**
- **Please notify MPMS at least 24 hours in advance if you cannot keep your appointment. Missed appointments are subject to \$50.00 charge which you will be held responsible for payment.**

**I have read Medical Pain Management Financial Policy. I understand and agree to this policy.**

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**Signature of Patient or Responsible Party**                      **Date**

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**Signature of Co-Responsible Party**                      **Date**