

Freeman Pain Institute
Policies and Procedures

Medication Policy

It is important to your health that you follow the directions carefully on all medications that we prescribe. In addition we must be informed of all other medications, prescription and over-the-counter medications that you are taking. We will not refill controlled medications in advance of their refill date nor will we mail prescriptions unless otherwise specified. Prescriptions must be given to you in person or at the time of your appointment. If there is an unavoidable reason that you cannot make an appointment **we require a 3 day notice for medication refill.**

Financial Policy

We are committed to providing you with the best possible care. If you have medical insurance, our goal is to help you receive your maximum allowable benefits. We expect that you have an understanding of your responsibilities under your insurance contract in respect to obtaining a referral, your deductible, co-pay and co-insurance.

If you have insurance coverage with one of the plans we participate with, we will bill your insurance company along the guidelines of our contract. However, we require that all **co-pays be paid at the time of service.** If you have insurance which we do not participate, we ask that payment be made at the time services are rendered. We accept Cash and Checks only. Return checks will be subject to an additional \$25.00 service fee.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. Please realize however that your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract. For example "Authorization and precertification is not a guarantee of payment."

You will be required to show a copy of your insurance card 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 or we would be glad to reschedule your appointment. If your insurance coverage terminates or changes, you are responsible for notifying us of this change.

Form Fees

There will be a \$10.00 fee for Social Security, disability and work related forms. Forms will be completed one week after the drop off date.

Missed Appointments

The care of our patients is important to us. Missed appointments without appropriate notification will result in a fee of \$30.00 unless cancelled within 24 hours.

Account Balances

Any account balances past due over 90 days will be sent to collection, unless there is a payment plan in effect.

Our Mission

We understand the dynamics of what it is like to be in pain and make every effort to accommodate our patients requests as well as their care needs.

If you have any questions regarding this information, please do not hesitate to ask us. We are here to help you.

I have read the Policies and Procedures of the Freeman Pain Institute. I understand and agree to this Policy. I hereby assign benefits to the Freeman Pain Institute for all claims submitted to my insurance on my behalf.

Patient Name

Responsible Party Signature

Date