



## **FINANCIAL POLICY**

In the interest of good business practice, The desire to continue to provide quality health services and to maintain fiscal responsibility, Oklahoma Pain Management, has developed the following policy for payment of medical services:

**PAYMENT:** For all services, payment is due at the time of service. This includes co-pays, and services insurance companies will not cover. If there is a question as to whether you should make a payment, please check with the office staff.

**INSURANCE:** Our office will file insurance claims for all covered services within 2-3 business days of the visit. As appropriate, based on our contractual provisions with your insurer, this office will accept your insurance company's maximum allowable reimbursement. You will be responsible for any deductible or co-payment amounts, and any non-covered services incurred at the time of service. If an insurance company fails to respond, you will be responsible for payment and can file the claim directly with the insurance company. It is your responsibility to know the benefits and conditions of your insurance plan. We file your secondary insurance company as a courtesy. If your secondary insurance has not paid within 60 days of the primary payment, you will receive a statement, and you are responsible for the balance. If the secondary insurance pays at a later date, the billing office will notify is to issue a refund to the patient.

**PAYMENT PLANS:** Oklahoma Pain Management has contracted Medical Management, LLC (for commercial insurance) to collect all outstanding balances following payment by insurer. The billing office is willing to set up payment plans if needed. In order to cover the cost of billing each month, you will be charged a \$1.00 statement fee each time a statement is mailed. If payments are missed for two (2) consecutive months, your account will be turned to an outside collection agency.

**COLLECTIONS:** If your account must be sent to a collection agency, additional fees will be incurred. Due to the cost associated with setting up the account, we will add an additional 25% fee to your account. These charges, along with your balance, will be your responsibility in full. **No additional visits will be scheduled until the account is cleared by the collection agency.**

**Motor Vehicle/ Personal Injury Accident Insurance Agreement:** *If your injuries are a result of a Motor Vehicle Accident or Personal Injury Accident, then the below applies to you.*

I am instructing my doctor and Oklahoma Pain Management to bill the third-party liability insurance carrier and/or my personal automobile insurance med pay and/or uninsured motorist coverage (if a claim was made) associated with my pending third liability case. I understand that by doing this, I will have no out of pocket expenses at this time including the co-pay and/or deductible associated with my personal medical insurance. This agreement will remain in effect for today's date of service and all future dates of service until I instruct my doctor to bill my personal health insurance by signing a new agreement, or until my third-party liability case has settled.

I also understand that a physician's lien will be filed against the third-party liability insurance/ personal med-pay or U.M associated with the case. Upon payment in full the lien will be released.

I understand that I will be held responsible for payment at the settlement of my case and if I do not pay in a timely manner, my account could be sent to an outside collection agency and a 25% collection fee could be added to the total amount turned.

**I HAVE READ AND UNDERSTAND THE OKLAHOMA PAIN MANAGEMENT FINANCIAL POLICY OUTLINED ABOVE. I AGREE TO THE GUIDELINES OUTLINED IN THE ABOVE DOCUMENT.**

---

Printed Patient Name

---

Patient Signature

---

DATE