

UNDERSTANDING YOUR INSURANCE COVERAGE

Your insurance policy is an agreement between you and your insurance company. The policy lists a package of medical benefits, such as tests, drugs and treatment services. The insurance company agrees to cover the cost of certain benefits listed in your policy. These are called “covered services”.

Your policy also lists the kinds of services that are not covered by your insurance company. You have to pay for any uncovered medical care that you receive. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your provider has decided is necessary. A medical benefit is something that your insurance plan has agreed to cover. In some cases, your provider might decide that you need medical care that is not covered by your insurance policy.

Insurance companies determine what tests, drugs and services they will cover. These choices are based on their understanding of the kinds of medical care that most patients need. Your insurance company’s choices may mean that the test, drug or service you need isn’t covered by your policy.

Your provider will try to be familiar with your insurance coverage so he or she can provide you with covered care. However, there are so many insurance plans that it’s not possible for your provider to know the specific details of each plan. By understanding your insurance coverage, you can help your provider recommend medical care that is covered by your plan.

- Take the time to read your insurance policy. It’s better to know what your insurance company will pay for before you receive a service, get tested, or fill a prescription. Some kinds of care may have to be approved by your insurance company before your provider can provide them.
- If you still have questions about your coverage, call your insurance company and ask a representative to explain it.
- Remember that your insurance company, not your provider, makes decisions about what will be paid for and what will not.
- Remember that your physician not your insurance company, makes medical decisions and recommendations about what will benefit your health status.

Most of the things your provider recommends will be covered by your plan, but some may not. When you have a test or treatment that isn’t covered or if you get a prescription filled for a drug that isn’t covered, your insurance company won’t pay the bill. This is often called “denying the claim.” You can still obtain the treatment your provider recommended, but you will have to pay for it yourself.

If your insurance company denies your claim, you have the right to appeal (challenge) the decision. Before you decide to appeal, know your insurance company’s appeal process. This should be discussed in your plan handbook.



FINANCIAL AGREEMENT

Thank you for choosing Portland Pain Care! We are committed to providing you with the best possible care. **Please read the following carefully, as it is an agreement that you are responsible for payment and will pay in a timely manner.**

Private Insurance, Workers' Compensation, Auto Accidents and Third Party Liability:

- Current proof of medical coverage must be presented at the front reception desk. If the insurance plan requires a co-payment, it will be collected at time of service. If proof of insurance or the co-pay are not provided at the time of service, the appointment may be rescheduled.
- Copayments and outstanding balances are due prior to procedure scheduling or rendering new services.
- The patient, or legal guardian, is responsible for contacting their insurance company and understanding their plan and what it covers. Additionally, the patient is responsible for contacting their primary care physician and requesting a referral if required. If such referrals are not in place, some insurance companies may deny payment and the patient will then be responsible for the entire bill.
- The patient is responsible for any services received at Portland Pain Care. We will bill insurance as a courtesy. We cannot delay charges while liability claims or legal actions are pending. Full payment remains the responsibility of the patient, including co-insurance, deductibles or any "non-covered services" per the insurance policy provisions.

****Please notify our office of any changes in your health insurance carrier immediately****

No Insurance- full payment due at time of service: Patients are responsible for all charges related to the first and all subsequent visits. If a procedure is recommended additional deposit or pre-payment is required prior to scheduling.

Monthly Statements: After insurance has paid or at month end, patients will receive a monthly statement indicating balance due, which is payable upon receipt. Itemized bills are not automatically mailed. However, patients may request an itemized copy by calling our billing department.

Payment Options:

- **Payment in full** – Cash, Personal Check, Care Credit, Debit or Credit Card.
- **Three equal payments** within 90 days from time of service, autopay required.
- **Extended payment plan**, subject to a minimum payment schedule and autopay.

Refunds:

A credit balance under \$5.00 will be applied to your account which can be used at your next appointment. If no appointment is scheduled within 6 months, we will issue a refund.

****Patients will be charged \$25 for any returned check****

I acknowledge receipt and understanding of the above financial policy. I agree to the terms as noted above. I authorize my insurance benefits be paid directly to Portland Pain Care. I agree to all collections costs in the event of default of payment.

If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty-dollar (\$50) fee; this will not be covered by your insurance company.

Call: 503-775-6500

Signed _____

Date _____

