Interventional Pain Institute, LLC

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PATIENT POLICY

Barrett Johnston, MD and Interventional Pain Institute, LLC believe that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

Registration
The registration process is a vital link in your visit to Interventional Pain Institute. Information gathered provides us with contact information as well as ensures your claims will be filed to the correct insurance company.

Upon arrival, you will be asked for basic information.

- Current patient information: name, address, telephone number, employer, social security number, and emergency contact.
- Current insurance card and picture ID.

Please arrive at least ten minutes prior to your appointment time. Having information readily available will assist us in making the check-in process easier for you. Information obtained in the registration process is kept in your confidential medical record.

You will be asked to make co-payments at the Registration Desk at the time of service. For your convenience, we can also handle your payments on your account at the Registration Desk. We accept cash, check, debit cards and major credit cards (MasterCard, American Express, Visa, and Discover).

Co-payments and deductibles
As a courtesy, we will gather co-payment information from your insurance plan and co-payments will be collected at the time of your visit. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Claims submission and General Insurance Information
We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

Proof of insurance
All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim or rescheduling a visit may be necessary.

Participation with Insurance Companies
Interventional Pain Institute reserves the right to determine which insurance companies or programs we participate with on an annual basis.

Outstanding Balances
Interventional Pain Institute requires payment in full, or insurance assignment from all patients. IPI will collect co-payment, coinsurance and deductible amounts, in accordance with the benefits of your insurance company if under contract with IPI. Patients should contact their health insurance company for determination of benefits at IPI prior to their scheduled date of service. As a service to our patients, IPI will complete and submit all insurance forms on behalf of patients with prior written authorization of the patient.

IPI 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 payment schedule that outlines the terms and conditions of payment prior to the delivery of physician services. This is a patient service offered at IPI to assist patients who are determined to be in financial need due to a hardship.

NSF Checks
There will be a $5.00 charge for all returned checks.

Medicare Policy
Federal law requires all physicians to file claims to the local Medicare contractor. Interventional Pain Institute accepts Medicare assignment. This means we agree to accept Medicare's allowance on services provided to you. You will still be responsible for your annual deductible, the co-payment, and any non-covered services specified by Medicare. If you carry a supplemental plan to Medicare, please be sure we have your policy information so that a claim can be filed for you.

Medicaid
Interventional Pain Institute does not accept Medicaid as a primary insurance plan. However, we will accept Medicaid as a secondary plan and file to Medicaid once your primary insurance has paid. A valid Medicaid ID card is required and scanned into your confidential medical record. Please notify our registration staff if you are covered under a Bayou Health Medicaid State Plan/Managed Care Organization.

Coverage changes
If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Other services

The cost of laboratory services may or may not be included in your bill. Depending on whether you have health insurance and terms of your coverage, you may be responsible for some or all the costs of any urine drug screens that may be ordered. If you have any questions regarding a third-party invoice, please contact that entity not your physician.

Any and all charges will be submitted to the insurance information we have on file. Any denied or non-covered charges will be subject to the patient's responsibility. It is always our advice to know your plan's benefits before accepting services.

Disclosure of Financial Interest:
Louisiana law requires physicians to disclose to a patient, when the physician refers the patient to another health care provider or facility, that the physician has a financial interest in that entity. The purpose of this disclosure is to notify you of the following financial interests by provider.

Consent: I hereby authorize the doctors and staff of Interventional Pain Institute to administer or perform medical treatment including procedures or services as the may deem necessary or reasonable, including laboratory services and diagnostic procedures. Additionally, I authorize Interventional Pain Institute to obtain my medication history.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

_____ _____
Signature of patient or responsible party **Date**

_____ _____
Patient name (PRINT) **Date**