

The Kahan Center for Pain Management

Fellow Interventional Pain Physicians

Fellow American Academy of PM&R

www.thekahancenter.com

2002 Medical Parkway Suite 150
Annapolis, MD 21401

1630 Main Street Suite 215A 6
Chester, MD 21619

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Salisbury, MD 21804

410-571-9000

FINANCIAL POLICY (REVISED 04/08, 05/09, 06/11,07/12)

In order to avoid any miscommunications regarding payment for service rendered in this office, there are several payment options available as detailed below. Please select your preferred method of payment and sign in the appropriated area.

1. CASH/CHECK/VISA-MASTERCARD

If you choose this option, all fees are due and payable in full at the time services are rendered. At check in \$150.00 will be paid towards your visit and when checking out if any further payment is due it will be expected. No exceptions will be made unless discussed with the Office Manager prior to your appointment.

2. MEDICAL INSURANCE

For your convenience, your health insurance can be billed by this office and you will be responsible for any deductible, co-payments, and co-insurance and denied claims. Claims should be paid within 30-45 days of filing by your health insurance carrier. Any claims still outstanding after this time frame will become the financial liability of the policy holder.>(* Subject to limitations on insurance companies that the physicians are contracted with.) All copay's are due at check in.

3. MEDICARE

Since the physicians are Medicare contracted providers, your insurance claim will be filed on your behalf and an assignment of benefits (a statement that the insurance carrier will pay the doctor directly) must be on file. Please Note: Secondary and supplemental insurance policies will be billed for you, as long as the information is provided on your initial visit. Our office would suggest to you to contact Medicare with your secondary/supplemental information, as they will often forward your claims automatically. Please be advised that if you don't have a secondary/supplemental insurance you will be responsible for the co-insurance Medicare assigns.

4. PERSONAL INJURY / AUTO ACCIDENT

The office prefers **not** accept personal injury protection insurance as a method of payment. Nor does this office wait for settlement of claims. If you have health insurance, we will submit your claims on your behalf. If you do not have health insurance our office will supply the insured all necessary forms /documents to get reimbursed from your personal protection insurance (PIP).

5. WORKER'S COMPENSATION

If you are injured on the job, this is considered a worker's compensation case. You are responsible to provide this office with verification from your employer that you were injured on the job as well as all applicable insurance information. Once verification is received, your bill will be sent to the authorized insurance company. (Taking the responsibility of payment off of the patient) REMEMBER, if your employer or you neglect to meet the requirements of the Worker's Compensation Commission and they deny your claim, you are responsible for all charges. If this information is not provided at your initial visit the office will not bill any back dates of service, those claim then become your responsibility.

6. SPECIAL ARRANGEMENT

If you feel that your case is unique or that none of the options above fit your financial situation, please discuss arrangements with the Office Manager prior to being seen by the Doctor.

* ADDITIONAL INFORMATION *

Our office also reserves the right to charge for all missed appointments and appointments cancelled with less than 24 hours notice. Telephone consults / conferences/ Pages between providers and patient are subject to a fee that may not be reimbursable by insurance. There will be a \$30.00 fee for all paper work completed by physicians or office staff. Patient balances copay/co-insurances are due at time of service, if payment is missed our office reserved the right to charge a late fee of \$10.00 for any unpaid balance on a monthly basis. All past due accounts will be subject to a collection agency

DISCLOSURE

The physicians and/or employees of this practice own interest in providing physical therapy, pain treatment and rehabilitation services at (The Kahan Center for Pain Management) (Suite 150/215), Center for Pain Medicine and Physiatric Rehab, (Suite 150A/215A), Riva Road Surgical Center,LLC (Riva Road), Deer Pointe Surgery Center(Salisbury,MD) Given notice the above name physicians and/or employees disclose the existence of ownership of the businesses previously mentioned. Under Maryland Law, this disclosure is to inform you of such and that you may choose to obtain the above-described healthcare services from another health care facility. Maryland law further requires that you acknowledge in writing the receipt of the above statement.

I AGREE TO USE PLAN #_____ FOR MY CARE.

By signing below, I agree to the following:

- *I authorize the use of this form on all of the insurance submissions.
- *I authorize release of information to all my insurance companies.
- *I understand I am responsible for my bill.
- *I authorize my doctor to act as my agent in helping me obtain payments from my insurance company
- *I authorize payment directly to my doctor
- *I permit a copy of this authorization to be used in place of the original.

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE
