

Oklahoma Interventional Pain Management

Jack E. Marshall, M.D.

Scott A. Mitchell D.O.

Financial Policy

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

PAYMENT: For all services is due at the time of service. This includes all copays 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 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 us to issue a refund to the patient.

PATIENTS WITHOUT INSURANCE: A 20% discount is given to patients without insurance and payment by cash or credit card is required in advance.

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

COLLECTIONS: If your account has to be sent to a collection agency, additional fees will be incurred. Due to the costs associated with setting up this account, we will add an additional 21% 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 has been cleared by the collection agency.

NOTICE: OIPM, LLC is proudly affiliated with multiple medical providers in this community. We publicly disclose that Dr. Mitchell and Dr. Marshall own less than 3% of the Oklahoma Spine Hospital; and Dr. Mitchell owns less than 4% of Surgical Hospital of Oklahoma. They also have limited ownership in Southwest MRI, Oklahoma Diagnostic Imaging, and Oklahoma Physical Therapy. Due to our affiliation with these healthcare providers, we refer patients as a matter of convenience. Patients can choose to have their service/procedure(s) performed at these affiliated providers, in the physician's office, or at another facility in their healthcare network, as long as the physician is contracted and credentialed with that facility. Patients are free to discuss these industry relationships with their physician.

I HAVE READ AND UNDERSTAND THE OKLAHOMA INTERVENTIONAL PAIN MANAGEMENT FINANCIAL POLICY OUTLINED ABOVE.

Signature: _____ Date: _____

Print Name: _____