



# Comprehensive Pain Physicians

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[www.CPPpaincenter.com](http://www.CPPpaincenter.com)

## FINANCIAL POLICY

CPP believes 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.

**1.PAYMENT:** Payment is expected at the time of your visit. We will accept cash, debit or credit cards. We will occasionally accept checks for our established patients. Payment will include any unmet deductible, co-insurance, co-payment amount, or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of an ID card or license due to the many cases of identity theft in the news lately. (Please do not be offended!)

**2.INSURANCE:** We are participating providers with several insurance plans. We will file all of these insurance claims. A list of these insurance plans is available upon request. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. If you are insured by a plan with which we have no prior arrangement, we will prepare and send the claim in for you on an unassigned basis. This means the insurer may send the payment directly to you and therefore, our charges for you are due at the time of service. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim rejects for the lack of one.

Not all insurance plans cover all services. In the event your insurance plan determines a service to "not be covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

**3.LATE CHARGES:** Late charges of 12% annually will be applied to all patient balances 45 days old or greater.

**4.RETURNED CHECKS:** Returned Checks will incur a \$30.00 service charge. You will be asked to bring cash, certified funds or a money order to cover the amount of the check plus the \$30.00 service charge to pay the balance prior to receiving additional services from our staff or the physician. Stop payments constitute a breach of payment and are subject to a \$30.00 service fee and collections action. All bad checks written to this office are subject to collections and will be prosecuted in Los Angeles County.

**5.ACCOUNTING PRINCIPALS:** Payments and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.

**6.FORM FEES:** Completing insurance forms, copying medical records, etc., requires office staff time and time away from patient care for our doctors. We require pre-payment for completing forms, copying medical records, notarizing, or for extra written communication. Base form charges are \$10.00 per occurrence plus any applicable postage or notary fees. Postage is additional and payment is required in advance. Copying fees for Medical Records is \$10.00 for the first twenty (20) pages and \$0.50 per page in excess of twenty. CCP will have 15 business days in which to copy records before making them available for patient to pick up, and these 15 days will commence after payment for copying has been received and after patient has signed this form authorizing records' release. Fee for Jury duty excuse is \$15.00. Fee for handicap placard is \$15.00. Fee for letters is \$45.00 per page.

**7.NO SHOW/CANCELLATION FEE:** If a New Patient fails to cancel their scheduled appointment, by 1000am the day of the appointment, a \$50.00 deposit will be required to schedule a new appointment. A no show appointment will result in a \$25.00 fee for the first no show, and \$50.00 each subsequent no show appointments. After 3 no shows, treatment will be suspended.

**8.BILLING OFFICE:** If you have questions in regard to any of your billing statements, our accounts receivable staff at **Medical Practice Management Resources Inc. (MPMR)** is available to assist you. **CALL 951-699-0303.**

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