

BLATMAN HEALTH AND WELLNESS CENTER

10653 Techwoods Circle

Suite 101

Cincinnati, OH 45242

513-956-3200 fax 513-956-3202

www.blatmanhealthandwellness.com

Office Hours are 8:00AM to 5:00PM, Monday through Thursday

Our office is closed Friday, Saturday and Sunday

FINANCIAL POLICY

We welcome you to our office, and we are pleased to have this opportunity to help you as a patient. We are providing this information to help you understand how our business office operates, and to acquaint you with the policies of our practice.

We are committed to providing you with the best possible care, and we are always willing to discuss our professional fees with you. Your clear understanding of our financial policy is important to our professional relationship. If you have any questions about our fees, financial policies, or your financial responsibility, please call our financial coordinator.

PAYMENT METHODS

We accept cash, money orders, Visa, MasterCard, Discover, and American Express.

INSURANCE

We are not a participant in any insurance plans. Most insurance company networks do not cover our treatment completely. It is your responsibility to contact your insurance company prior to your office visit. Payment for services in full is due at the time services are rendered. If you would like, we will file a claim with your insurance company. You must realize however, that your insurance company is a contract between you, your employer and the insurance company. We are not a party to that contract. Again, we urge you to check with your company before your first visit.

We must emphasize that, as medical care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

OVER PLEASE

APPOINTMENTS

We schedule 2 hours for a new patient visit. If you cancel your new patient office visit, you must let us know at least 48 hours in advance of your appointment, or you will be charged \$100.00. As an established patient, if you are unable to keep your scheduled appointment, please contact our office at least 24 hours in advance. This courtesy allows us to be of service to other patients. You will be charged a \$65.00 no show fee if you cancel less than 24 hours prior to your scheduled time and this charge must be paid prior to your next office visit.

Furthermore, if your account does fall behind and we are forced to send it to a collection agency, you will be further charged a \$20.00 fee as well as any other fees associated with the collecting of the money owed. These rates are all subject to change without notice.

CURRENT BALANCES ON PATIENT ACCOUNTS

In an effort to help you manage your account balance, any balance that reaches 30-60 days past due will be expected in full prior to rescheduling.

MEDICARE/MEDICAID

We have had to “opt-out” of Medicare/Medicaid. We **CANNOT** bill Medicare, and patients **CANNOT** bill Medicare for reimbursement of our services. Please contact our patient care coordinator to review your situation.

ATTORNEY/ACCIDENT CASES/INSURANCE REPORTS/DISABILITY FORMS

Request for information to be sent to your attorney or insurance carrier must come as a written request for information with your signed authorization to release this information. Disability forms require a \$75.00 payment for the first form, \$35.00 for additional forms. There will be fees for all narrative reports and letters, including BWC, the cost will depend on what is needed. In general, these will be completed within 7 to 10 business days of receipt.

CONFIDENTIALITY

Your medical records are strictly private and confidential. No information from your chart will be given to family members, your employer, your attorney or other doctors without your written permission. Worker’s Compensation patients have already signed a release for medical records in order to be seen by the Ohio BWC. Please see our Privacy Policy for additional information.

I have read the financial policy of the Blatman Pain Clinic and agree.

Patient

Date