

OFFICE POLICIES

WELCOME TO OUR OFFICE

This practice provides general pain management for a variety of pain disorders: treatment includes injections and other specified procedures. Office hours are Monday through Friday 9:00am - 5:00pm. We will treat you with kindness and respect; we expect you to do the same with our staff. Disruptive, threatening or abusive behavior toward staff or other patients will not be tolerated.

APPOINTMENTS

Appointments are pre-scheduled. We do not offer walk-ins or emergency care. Failure to keep or cancel a follow-up appointment with less than 24 hours notice will result in a \$50.00 missed appointment fee. Failure to keep or cancel a procedure appointment with less than 24 hours notice will result in a \$200.00 missed procedure fee. This fee must be paid before scheduling any future appointments. If a patient misses two appointments without providing proper cancellation notice, we reserve the right to dismiss the patient from the practice and refuse scheduling of further appointments. This policy is in place to ensure appointment availability for all patients and promote continuity of care. Patients are expected to arrive 15 minutes prior to their scheduled appointment time to complete any necessary paperwork.

RECORDS

Records will be kept for a specified period of time according to legal requirements. Copies of records can be transferred to other physicians upon receipt of written notification from the patient at no charge. Unless requested by a physician there will be a fee of \$50.00. Patients should provide the office with at least 10 business days notice when requesting records.

FINANCIAL POLICY

Payment is due at the time of services unless your insurance lists our clinicians as participating providers. Co-pays and deductibles are due at the time of service. Accounts overdue by 60 days or more may incur a 10% interest charge. For a comprehensive breakdown of financial policies, refer to our detailed Financial Policy Document, available upon request. Below is a high-level overview of key financial responsibilities:

1. **Payment Responsibility**

Payment is required at the time of service for any co-payments, deductibles, co-insurance, missed appointment fees, prepayments for procedures, and balances not covered by insurance. We accept cash, check, or credit card payments. If you are self-paying, full payment is expected before services are rendered. Outstanding balances must be cleared before scheduling future appointments, and any prepayments will first be applied to outstanding balances before issuing refunds.

2. **Insurance Claims**

We will submit insurance claims as a courtesy, but it is your responsibility to know your coverage, including deductibles, co-insurance, and co-pays. If your insurance does not pay within a reasonable period, you will be billed directly. We encourage you to contact your insurance company for any questions about coverage.

- a. **Deductible:** An annual amount that the patient must pay before insurance coverage begins. Patients are responsible for knowing whether Temecula Pain Management is an in-network or out-of-network provider under their plan.
- b. **Co-Payment:** A fixed amount required for each visit, due at the time of service.
- c. **Co-Insurance:** A percentage of the service fee that is the patient's responsibility after the deductible has been met.

Your insurance company will send an Explanation of Benefits (EOB), detailing how they applied your benefits and any remaining financial responsibility. If you have questions regarding your EOB, please contact your insurance provider. If insurance does not pay within a reasonable period, we will bill you directly. Should we



receive a payment from your insurer afterward, we will refund any overpayment to you after deducting any outstanding balance on your account.

Authorization: By signing this document, you authorize Temecula Pain Management to contact your insurance company to obtain relevant financial information about your policy and coverage and to release necessary medical information for billing purposes.

3. Unpaid Balances and Interest

Accounts overdue by 60 days or more may incur a 10% interest charge. If unresolved, outstanding accounts may be referred to a collection agency. Contact our billing department if you need assistance with balances.

MEDICATIONS

Medication refills will be considered DURING OFFICE HOURS ONLY. For non-controlled medications, patients should contact their pharmacy as well as our office at least 3 days prior to the needed refill as the prescribing clinician may not be immediately available the same day the medication runs out. Refills of controlled medications are typically ONLY approved during an appointment.

TELEHEALTH PATIENT CONSENT

Under some insurances (including Medi-Cal) you have the option to receive services in person in a face-to-face visit or telehealth. If you have trouble accessing in-person services due to transportation, Medi-Cal provides coverage for transportation services when other resources have been reasonably exhausted. There may be limitations or risks related to receiving services through telehealth rather than in person, such as limited physical exam leading to possibly missed diagnoses. If you choose to receive services by telehealth, you may change your mind at any time by letting us know. If you change your mind about using telehealth, you will still have access to services covered by your insurance. Knowing all of this, please indicate below whether you would like telehealth services as an option.

I have read these policies and ACCEPT these terms. If you have any questions concerning our office policies and/or procedures, please contact our office.

*****Do you want the option of receiving telehealth services from us now or in the future? YES NO**

Print Name

Date

Signature