CLINIC POLICIES and PROCEDURES

Thank you for choosing Dr. James E. Wilson and Dr. Jay Kiokemeister, Interventional Pain Specialists, and Dr. J. Preston Harley, Pain Management Psychologist. The Clinic is dedicated to the evaluation, diagnosis and application of interventional techniques for the treatment of individuals suffering from chronic pain. In order to provide your care, both clinical and financial compliance is required. A clear understanding of the Clinic's Policies and Procedures is important to our professional relationship.

NARCOTIC/OPIOID MEDICATION

Clinical treatment of your pain may require the dispensing of narcotic medications. A signed treatment agreement is required for all patients. This agreement outlines the specific conditions under which treatment is provided. The agreement/contract, presented at the first appointment, must be read and signed prior to receiving treatment.

No care can be provided without a signed treatment agreement/contract.

FINANCIAL RESPONSIBILITY POLICY

We understand that health insurance can be confusing. Therefore, while it is ultimately your responsibility to know your insurance plan, we will make reasonable efforts to assist you.

If your insurance plan requires a co-payment, it is payable at time of service. If you present without the co-payment, a $10 fee over your co-payment amount will be assessed. The Clinic reserves the right to refuse service without co-payment.

We are happy to bill your primary insurance company directly if a copy of both sides of your insurance card is provided at time of service as well as all required demographic information necessary to file your claim. If you fail to provide the necessary demographic information to file your claim, you will be responsible for payment in full at time of service. If payment is not received from your insurance company in ninety days, you will be expected to assist in the resolution of the open claim. If the claim continues to be unpaid after 120 days, we reserve the right to bill you directly. It is in your best interests to ensure that the correct insurance information is provided at time of service.

If you have PPO coverage it is your responsibility to obtain the necessary referral for your visit or procedure and forward a copy of this referral to our Insurance Specialist prior to your visit or procedure.

Filing secondary or tertiary insurance is a courtesy to the patient and we will make one attempt to do so and then the balance will be your responsibility. If we receive payment from you and your secondary or tertiary carrier, a refund of the overpayment will be made to you.

Self-pay patients are required to pay in full at time of service. We will discount our fees for self pay patients only if payment is made at time of service. We can accept cash, check, money order, Master Card, Visa, and Discover cards for payment.

If for any reason a payment is dishonored by your bank, there will be a $50.00 service fee added to your bill and you will be required to pay by cash, certified check, money order or credit card for all future services.

We do accept Workers Compensation and Personal Injury cases. We will only file these claims with your regular insurance if a written denial from the workers compensation or personal injury carrier is received. All the necessary legal contact information must be provided in advance of your service to allow us time to process the necessary lien paperwork.

We accept liens only for services provided in our office or fluoroscopy suite.

We are participating providers for Blue Cross Blue Shield, PHCS, and Medicare. It is your responsibility to verify that the provider you are to see is in your network. If the provider is out of network and you see this physician, you are responsible for payment in full regardless of any insurance plan's arbitrary determination of usual and customary fees.

There may be certain services that are not likely to be covered by your insurance plan. We may request you to sign an Advanced Beneficiary Notice (ABN) acknowledging payment responsibility. The reason for the likely denial is indicated on this form. We are required by your insurance plan to obtain this form before providing the service. If you refuse to sign this form, we will not provide the service without payment in full at time of service.

If you fail to meet your financial obligations in a timely manner, we reserve the right to discontinue care and refer your account to collections.

You are responsible for any agency, attorney, interest and other charges associated with payment collections.

PATIENT INFORMATION

All patients are required to provide the necessary demographic information in order for us to provide care and bill for our services. You are required to provide your insurance card and a Photo I.D. We will need to make a copy of your insurance card and photo ID for your file. (We REQUIRE photo ID for compliance with recent government regulations under the "Red Flag Rule by the FTC to protect against identity theft.)You are required to notify us when any demographic information changes. You are required to provide a copy of your insurance card if your coverage changes. You are required to sign a Patient Information form and medical

records release annually. We reserve the right to change the required demographics in order to comply with legal or billing requirements. If you move out of Illinois, you will have sixty days to transfer your care to a provider in the state that you reside.

PRIVACY POLICY

A copy of our privacy policy is provided to you at time of your initial visit and available at the front desk. The privacy policy explains your rights including your right to see and copy your records, to limit disclosure of your protected health information and to request an amendment to your record. You may revoke in writing any consent for release of your health care information, except to the extent that the Clinic has already made disclosures with your prior consent. We will keep your personal medical and account information confidential according to state and federal law.

Because of the privacy regulations we are not at liberty to discuss your treatment with anyone unless you specifically designate your permission to do so. If you wish to allow access to your protected health information to any individual, ask our receptionist for an Access to Medical Records form. By signing this release, you allow us to discuss your care with the specified individual(s). If a family member has concerns about your care, we may not discuss these concerns without your written authorization.

APPOINTMENTS

We attempt to contact our patients in advance of their appointments to remind them of the time and date. Please be sure to provide a telephone number where you may be reached. If you have voice mail on your contact telephone number, our staff will leave a message including the time, date and location of your appointment.

Toll Free 24-Hour Telephone Number ~ Interventional Pain Specialists (877) 873-7546

We ask that you make your next appointment at time of service. We will no longer be able to meet your specific needs for dates and times if you fail to make your next appointment in a timely fashion. Urgent or emergency appointments will be made if you have difficulty or serious side effects following a procedure. In these instances, you should call the OR nurse to report your status post procedure concerns. Emergency appointments will also be scheduled if you have serious side effects from your medications or other complications following an office visit unrelated to a procedure. Please call our office to report any serious medication concerns (unrelated to a procedure). There are no additional time slots available to accommodate patients who call at the last minute to schedule routine appointments. If you wait to schedule your appointment you will be required to take whatever time slots are available. Timely follow up appointments are a requirement of your care and we reserve the right to discharge you if you continually call at the last minute or fail to keep your regularly scheduled appointments.

If you intend to cancel your appointment, at least 24 hours notice is required.

Should you cancel, reschedule, or no show for an appointment twice without 24 hours notice you will be required to hold your next appointment with a credit card. If you cancel this appointment for any reason, your credit card will be charged and you will be discharged from the practice for failure to uphold your treatment agreement.

If you are scheduled for a procedure at any location and fail to cancel without a 24 hours notice to our office, ***you will be billed a cancellation fee of $250.00*** **and this fee is not covered by insurance.** You are required to pay this fee before any further services are provided. Failure to pay this fee for more than thirty days will result in discharge from the practice and referral of your account to collections.

If you are more than 30 minutes late for your appointment you may not be able to be able to be treated.

You will need to reschedule your appointment. If you are less than thirty minutes late, we reserve the right to reschedule your appointment or see you as permitted by the Clinic schedule.

BEHAVIORAL MEDICINE

Because of the nature of our treatment, there may be occasions when the interventional pain physician determines that a behavioral medicine evaluation and treatment is necessary for the comprehensive treatment of your pain. Pain affects more than your body. It often affects a person's sense of well-being and spirit. Chronic pain may cause feelings of anger, sadness, hopelessness and even despair. It can alter one's personality, disrupt sleep, interfere with work and relationships and even have an effect on other family members. A behavioral medicine treatment program, including psychological support, may be needed to help manage the chronic pain, maximize daily functioning and promote coping skills

Descriptive and standardized measures are used to assist with pain measurement, treatment planning, the strategies used by patients to cope with chronic pain, and the monitoring of change over time. Furthermore, many healthcare plans require behavioral medicine evaluations prior to treatment interventions (for example, intrathecal pump or spinal cord stimulator placements). We reserve the right to discontinue care if you fail to obtain a requested evaluation and treatment.

CLINIC STAFF

The personable, friendly staff has genuine concern and compassion for our patients. The staff is committed to creating an environment of respect, compassion, and patient satisfaction. We foster a spirit of collegiality with other health care providers. Any offensive or abusive language is not acceptable and staff will terminate communication immediately, and notify the Practice Administrator. Such incidents will be documented in the medical record and may result in discharge from the Clinic.

COMPLAINTS OR CONCERNS

If for any reason you are not satisfied with the care provided by our practice, please submit a written explanation of your concern to:

Compliance Officer
Dr. James E. Wilson, S.C.
Interventional Pain Specialist
101 E. 75th Street, Suite 110
Naperville, IL 60565

The Compliance Officer will promptly address and respond to your concern in writing within thirty days. If for any reason additional time is needed, our Compliance Officer will contact you regarding the delay.

We are committed to providing the highest quality of clinical interventional services to optimize pain control and to improve the quality of life for our patients with chronic pain. We request your cooperation in adhering to our policies and we look forward to treating you.

I ACKNOWLEDGE RECEIPT OF A COPY OF THE CLINIC'S NOTICE OF PRIVACY POLICIES. I READ AND UNDERSTAND THE ABOVE POLICIES AND AGREE TO ABIDE BY THEM AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN MY DISCHARGE FROM THE CLINIC. A COPY OF THIS DOCUMENT WILL BE KEPT IN MY MEDICAL RECORD.

Patient's Name (PRINT) Patient's Signature Date