

Billing Policy

This office may bill your insurance company for the services you receive as a courtesy to you. Services billed on your behalf are provided to you on credit, with no guarantee your insurance will cover any or all services provided. Therefore, the financial responsibility for services provided does not belong to your insurance company, but to the person receiving the services—the patient (or guardian). Should your claim be denied for any reason by your insurance company a statement showing the amount due shall be sent to you. The amount due must be paid within 30 days of receipt, otherwise the account shall be considered delinquent. Upon delinquency, interest shall accrue monthly at one percent (1%) of the current outstanding balance from the date of services billed until paid; and minimum monthly payments of \$15 or five percent (5%) of your current outstanding balance, whichever is greater, must be paid by you on or before the 15th of every month, until paid in full. If your minimum monthly account payment is not received within 30 days of delinquency, additional monthly late fees and necessary administrative fees may accrue as well (see below); and your account may be (1) transferred to your personal line of credit (credit card), (2) transferred to financial assistance services for qualified patients, or (3) sold to outside financing for collection. All delinquent accounts are subject to adverse credit reporting. Statements for requested items must be paid in full prior to relinquishment. Any balance unpaid by your insurance is your personal responsibility (regardless of coverage promises), including any No-show* charges, late fees, accrued interest and other administrative fees (see below).

*No Show is defined as an appointment time scheduled but not honored; uncanceled or canceled after 5pm the business day before. After two unpaid no-shows, Oregon Clinical Massage will terminate your treatment. Oregon Clinical Massage will give you, in writing, a schedule of your appointments at the time the appointments are scheduled. You are responsible for keeping track of and honoring your scheduled appointment times. No-show fees are expected to be paid by the time of your next scheduled appointment.

_____ Please initial

Itemized Usual, Customary & Reasonable (UCR) Fees

Evaluations		Administrative Services**	
Intake, Evaluation	\$90	1st time no-show fees 30m/60m:	\$25/\$50
Re-evaluation	\$45	2nd time no-show fees 30m/60m:	\$40/\$75
Treatments		Returned NSF Checks	\$25
Massage Therapy	*\$37.50	File Copies	min. \$25
Trigger Point Therapy	*\$42.50	first 25 pages \$25.00, additional pages 25¢/pg	
Deep Tissue Massage Therapy	*\$42.50	Delinquent Accounts**	
Myofascial Release	*\$42.50	Monthly Late Fees: delinquent	\$5
Positional Release Therapy	*\$42.50	Monthly Late Fees: assigned for collection	\$10
Therapeutic Exercise	*\$42.50	Monthly Interest: on current balance	1%
Muscle-Energy Techniques	*\$42.50	Adjustments	
Assisted Stretching	*\$42.50	Prompt Pay/No Billing: per PM unit	\$10.00
Hot/Cold Pack or Topical Treatment	\$7.89	Typed Visit Notes Waived: per PM unit	\$10.00

*Physical Medicine (PM) codes are billed in 15 minute units. All others are one fee per visit / **These charges are not covered by your insurance.

All fees subject to change without notice. UCR fees are based on and derived from Ingenix Database's National Fee Analyzer for 2005, and calculated according to the Portland area's adjustment factors.

The Inspector General's Advisory Opinion 98-8 re: Discounts states, "if the higher costs are due to 'unusual circumstances or medical complications requiring additional time, effort, expense or other good cause,' due to claims processing, documentation... and delays/denials in Medicare payment, then [medical providers] are allowed to charge Medicare more than their 'usual charge.'" Because insurance industry standards are very often derived from Medicare standards, the IG's opinion is applicable to all medical insurance claims.

Patient Signature _____ Date _____

Patient Understanding of Medical Fees: Wellness Massage vs. Medical Massage Services

Wellness Massage Services (Visit One)	Minutes	Medical Massage Services (Visit One)	Minutes
<i>Room preparation:</i> with attention to State sanitation requirements prior to each visit.	5	<i>Room preparation:</i> with attention to State sanitation requirements prior to each visit.	5
<i>Intake questionnaire:</i> Brief medical history, chief complaint, symptom(s).	10	<i>Intake questionnaire:</i> Medical history, chief complaint, symptom(s). Insurance Information (optional) Financial Assistance Form Accident Report Verification of Insurance Coverage Verification of Financial Assistance (optional)	20 10 15 15
<i>Intake and assessment:</i> client consultation of treatment options and desired outcome/effects of treatment	5	<i>Evaluation and assessment:</i> Patient consultation of treatment options and desired outcome/effects of treatment. Movement observation.	30
<i>Treatment preparation</i>	5	<i>Treatment preparation</i>	5
<i>Treatment</i>	60	<i>Treatment</i>	30 to 60
<i>Open file:</i> client database entry	10	<i>Open file:</i> client database entry	10
<i>Chart Notes:</i> Oregon LMTs are not required by law to keep or provide chart notes. Therefore, no further information is required to be kept on cash clients other than the intake questionnaire and dates of service.		<i>Chart Notes:</i> Well documented records and chart notes are required for insurance billing purposes. Prepare Evaluation Report	60
n/a		<i>Consultations:</i> (optional) Prescribing physician regarding findings, recommendations and treatment options Claims Adjustor regarding findings, recommendations and coverage options	30 30
n/a		<i>Billing and Accounting:</i> Bill insurance company for services Prepare itemization of services (optional)	30 10
TOTAL TIME SPENT (Visit One) Full Hour Wellness/Ortho. Massage: \$70/\$90 (\$46-\$60/hr)	~1.5 HOURS	TOTAL TIME SPENT (Visit One) .5 to 1 Hour Eval. and Treatment: ~\$165 to \$260 (\$47/hr)	3.5 to ~5.5 HOURS
Wellness Massage Services (Subsequent Visits)	Minutes	Medical Massage Services (Subsequent Visits)	Minutes
<i>Room preparation:</i> with attention to State sanitation requirements prior to each visit.	5	<i>Room preparation:</i> with attention to State sanitation requirements prior to each visit.	5
<i>Client update</i>	10	<i>Patient update</i>	20
<i>Treatment preparation</i>	5	<i>Treatment preparation</i>	5
<i>Treatment</i>	60	<i>Treatment</i>	30 to 60
<i>Chart notes:</i> Oregon LMTs are not required by law to keep or provide chart notes.		<i>Chart notes:</i> Well documented records and chart notes are required for insurance billing purposes. Prepare typewritten visit note report (or) Prepare Re-Evaluation Report (if necessary)	15 45
n/a		<i>Billing and Accounting</i> Bill insurance company for services Prepare itemization of services (optional)	30 10
TOTAL TIME SPENT Full Hour Treatment:	~1.33 HOURS ~ \$70/\$90 (\$50-\$67/hr)	TOTAL TIME SPENT .5 to 1 Hour Treatment:	~2.5 to 3 HOURS ~\$75 to \$170 (\$30-\$56/hr)