



**Phone: 412-221-7640**

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301 Ohio River Boulevard  
Edgeworth Medical Commons, Suite 204  
Sewickley, PA 15143

## **About Our Physician:**

Dr. David A. Provenzano, a former pain fellow at Dartmouth-Hitchcock Medical Center, is the President of Pain Diagnostics and Interventional Care. As a Magna Cum Laude and Phi Beta Kappa graduate of Colgate University, he worked in his spare time as a research assistant at The Musculoskeletal Research Center at the University of Pittsburgh. Dr. Provenzano is a teacher, author, lecturer, researcher, and recognized pain expert regionally and nationally. He is a speaker at pain forums both nationally and internationally, where doctors and pain experts come to hear the latest in pain techniques. Board certified in anesthesiology and pain medicine, his research and clinical expertise combine to provide an accurate diagnosis and safe, effective treatment options for you.

## **Locations:**

Our office is in Suite 203 of the Edgeworth Medical Commons, located at 301 Ohio River Boulevard in Sewickley, PA 15143.

## **Contact Information:**

Our Phone number is 412-221-7640 and the fax number is 412-490-9850.

## **Telephone Hours:**

The phone answers from 8:00 am to 3:30 pm, Monday through Friday. Any calls received after 3:30 pm will be returned the next business day.

**Policy Overview:** At Pain Diagnostics and Interventional Care, we believe that our patients deserve the best medical care that can be provided. We want to provide you with overall information about the practice. Also, in order for us to provide you with the highest quality medical care and current technology, we must ensure that we are able to meet the expenses necessary to operate. To ensure that these goals are met, we provide you with the following office and financial policies.

### **General Insurance Information:**

1. Our office participates with most health insurance plans. NOTE: We do not accept self-pay or automobile insurance unless you have a secondary medical insurance.
2. Please note: It is the responsibility of the patient to contact your insurance carrier prior to your visit with the physician and to any testing or procedures. If your insurance requires pre-certification or pre-authorization before being seen or prior to a procedure, you are responsible to let us know this to insure that appropriate pre-approvals are obtained. If such certifications or approvals are not obtained, you will be responsible for the bill. If we are aware that referrals, certifications, or authorizations were not obtained, your office visit or procedure will be cancelled.
3. Copies of your insurance card will be made on your initial visit and confirmed with each subsequent visit. If there is a change in your insurance coverage, you are responsible for letting us know and providing necessary information so that we can bill appropriately bill your insurance company.
4. Your visit to the Pain Diagnostics and Interventional Care, as well as any procedures performed at one of our affiliated surgery centers, will be billed through our billing company.
5. Any separate anesthesia or other services which may be provided to you at one of the surgery centers, will be billed separately to your insurance company. You will be provided with contact information for each surgery center, should your care involve procedures/surgery. If you have any questions regarding such bills, please call the appropriate center where your procedure was performed.
6. After physician/physician assistant have been reimbursed by your insurance company, if a co-insurance or deductible is still owed, you will be billed for this amount.
7. If a claim is rejected because your insurance does not cover the type of service rendered, you will be held responsible for the outstanding balance. Due to a wide variety of insurance plans, even within one

insurer, it is impossible for us to know what is covered under your plan. Please educate yourself as to your coverage so that office visits and procedures can be arranged to best suit your needs.

### **Outstanding Balances:**

1. You will receive a statement with your remaining balance once a reply is received from your insurance company. We urge you to keep your account current to avoid any misunderstanding with our office. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.
2. A finance charge of \$25.00 will be assessed to you for each subsequent billing statement that needs to be sent to you. Second notices are mailed to you on day 28 of your billing cycle and the third notice is sent on day 57 of your billing cycle.
3. Failure to pay your account after thirty days may result in the cancellation of future appointments until the balance has been paid.
4. All account balances past due over 75 days will be sent to an outside agency for collections. An additional fee, in the amount of 25% of your balance, will be assessed to your account, should your account be subject to collection proceedings. At that point, the account is out of our hands. If you need to make special payment arrangements, it is your responsibility to contact our billing office at 1-855-832-0495, before your account is sent to the outside agency.

### **Co-Payments:**

1. As with any other physician visit, co-payments will be collected **prior** to the time of service. Remember, your insurance is a contract between you and your insurer. The amount of your co-payment is based upon your individual insurance plan.
2. We are not able to alter the co-payment requirements in any manner.
3. Co-payments will be collected on all visits, as indicated on your insurance card.
4. Failure to pay will result in the cancellation of your appointment.

## **Medicare Payments:**

1. If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for remaining 20% of the bill and any outstanding deductible.

## **Worker's Compensation:**

1. We will file with your employer's Worker Comp Carrier for your visits. We will not schedule any appointment until we receive claim information which includes your date of injury, claim number, name, address and telephone number of the insurance carrier and the name and contact number of your adjustor. Once we confirm your claim is open and active, we will contact you to schedule an appointment.
2. We will require you to provide a commercial or personal insurance in the case that your worker's compensation claim is denied.

## **Payment Options:**

1. Payment methods include check, MasterCard, Visa, or Discover Card.
2. Cash will only be accepted if the exact amount is presented.
3. We do request you provide a credit card on file which will be used to pay deductible, co-insurance or balance remaining after insurance payments have been applied. You will be notified prior to charging the card on file.

## **Returned Checks:**

1. There is a charge of \$30.00 for each returned check.

## **Fees for Form Completion:** All fees are payable in advance to the completion of the form.

1. Family Medical Leave Act (FMLA): A \$25.00 charge for each and every time that a form needs to be completed. Turnaround time is 10-14 days.
2. Your employer's or disability insurer's simple form (1-2 pages): A \$25.00 charge for each and every time that a form needs to be completed. Turnaround time is 10-14 days.

3. Your employer's or disability insurer's physical capabilities form: A \$75.00 charge for each and every time that a form needs to be completed. Turnaround time is 10-14 days.

### **Missed or Cancelled Appointments:**

1. As a courtesy to our other patients, if you are unable to keep an appointment, please **cancel at least 24 hours in advance**. This gives another patient an opportunity to be scheduled.

2. While we understand that unexpected matters sometimes arise, it is a serious matter to become a "no show" or late for your appointment. Please understand that missed appointments have a detrimental impact on our practice, not only financially, but they also affect our ability to care for you and to serve others in need of medical care. **For this reason, a \$75.00 "no-show" charge will be billed directly to you, for failure to show for an office appointment and for failure to cancel an office appointment 24 hours in advance. Likewise, a \$125.00 "no-show" charge will be billed directly to you, for failure to show for a procedure appointment or for failure to cancel a procedure appointment 24 hours in advance.**

3. So that patient wait times are minimal, we ask that all patients arrive timely for their appointments. We request that:

- New patients please arrive at least 30 minutes prior to their scheduled appointment time.
- Follow-up patients arrive at least 15 minutes prior to their scheduled appointment time.

This helps to assure that all necessary paperwork is completed and that the nurse's interview with you can be completed prior to the physician's scheduled time with you. If you are late for your scheduled time, we reserve the right to cancel your appointment and reschedule you for a later date and time.

4. Failure to show for your scheduled appointment for two consecutive times will result in you being discharged from the practice.

### **Procedures:**

1. If you are scheduled for a procedure, you **MUST** have a driver present with you prior to the start of the procedure. This person must remain in the waiting area during the procedure.

2. You must arrive at least 30 minutes prior to the start of your procedure. Some procedures, particularly those needing IV sedation, require that the patient arrive at least one hour prior to their procedure time. In some cases, you will need to come earlier for laboratory testing if you are on blood thinners. We will individually discuss the arrival time with you for your particular situation.

3. You may also need to stop some medications prior to procedures. These include blood thinners or other medications which also have blood thinning properties. Please make sure that you share all of your medications with us to include not only prescribed medications but also any over-the-counter medications, vitamins, supplements and infrequently used medications that you may take.

## **Medication Renewals:**

1. Prescription refills will not occur without regularly scheduled office visits.
2. Patients, who sign opioid contracts with Pain Diagnostics and Interventional Care, must abide by the contract guidelines in order to assure that your opioid orders are continued.
3. There will be no medication refills after hours

## **Advanced Directive:**

1. If you have an Advanced Directive or a Living Will, please bring a copy for your chart, or we can copy it for you.
2. If you do not have an Advance Directive, we can provide a blank copy of one for you to complete.

## **Medical Records:**

1. Medical records are confidential. We will not discuss your medical status with anyone without your authorization. You must sign a HIPAA compliant medical request form.
2. Records transferred to a physician are sent as a courtesy.
3. In accordance with PA State Law, there is a fee schedule for copying medical records to any party with the exception of the requesting physician or medical provider. The fee will vary depending on the number of pages sent and is based upon the Consumer Price Index reported annually by the Bureau of Labor Statistics of the United States Department of Labor. These are updated annually and are available upon request
4. Requests for medical records are handled on a scheduled basis and are processed in the order received. Please allow at least 7-10 days for your request to be processed.

## **Emergencies:**

1. If you recently have had a procedure or have an implantable device, please follow the prompts on our after-hours voice message to reach the on-call person to assist you.
2. For all other emergencies, please report to your nearest emergency department.