



Portland Pain Solutions - Financial & General Practice Policies

Updated July 27, 2026

We do not prescribe benzodiazepines, opiates, or sedatives.

Initial Visit Requirements:

Bring photo ID, insurance card (if applicable), and a credit card for check-in if applicable.

Fees We Want to Highlight

The following fees are uniformly applied when applicable:

Fee Type | Amount

No-Show / Late Cancellation Fee | \$45 (follow-up) \$100 (new patient)

Standard Prior Authorization Administrative Fee | \$20

BCBS of Massachusetts Prior Authorization Administrative Fee | \$100

Peer-to-Peer Call Administrative Fee | \$50

No-Show / Late Cancellation Fee

Our no-show / late-cancellation fee is intended to partially offset the overhead cost of an unused appointment slot. It is not a penalty for illness, transportation problems, emergencies, or other circumstances.

To avoid this fee, appointment cancellation must be completed before 3:00 PM on the prior business day by one of the following methods:

Phone conversation with practice staff

Time-stamped voicemail

Time-stamped text message

Time-stamped email



If you press option "2" during an automated reminder call to reschedule, you must still speak with staff or leave a time-stamped voicemail before the deadline. Selecting the automated option alone does not complete cancellation.

The no-show / late-cancellation fee applies regardless of the reason for the missed or late-cancelled appointment. Please cancel early if you are not fully sure you can attend on time.

Because the full appointment slot is reserved for your visit, arrival more than 10 minutes late may be treated as a no-show, and the appointment may need to be rescheduled.

Prior Authorization Administrative Fee

A standard \$20 prior authorization administrative fee applies for relatively straightforward electronic prior authorizations submitted through systems such as Carelon, EviCore, Evolent, Cohere, or similar platforms.

Some insurers require substantially more administrative work, including prolonged phone calls, repeated documentation requests, multiple representatives, phone trees, disconnects, and delays that significantly disrupt practice operations. When authorization work becomes unusually time-intensive, additional administrative fees may apply.

BCBS of Massachusetts Prior Authorizations

Prior authorizations through BCBS of Massachusetts often involve unique administrative burdens, including extended processing times, repeated paperwork exchanges, and delays that may last several weeks.

For this reason, a \$100 administrative fee applies to BCBS of Massachusetts prior authorization work. Patients with this insurance must agree to this fee before authorization-related work is performed.

Peer-to-Peer Call Administrative Fee

A \$50 peer-to-peer administrative fee applies when an insurer requires physician-to-physician review or a peer-to-peer call as part of the authorization or appeal process.

Fee Updates



Updates to these fees are posted at the check-in desk window. Other less common fees may also apply and are listed at the end of this section.

Credit Card on File

A valid credit card on file is required for patients with insurance plans that may involve copays, deductibles, coinsurance, prior authorization requirements, or other patient-responsibility balances like our admin fees. The card on file may also be used for applicable no-show or late-cancellation fees if those fees apply under the practice's scheduling policy.

By signing this Financial Policy and providing a card on file, you authorize Portland Pain Solutions to charge your card for patient-responsibility balances after insurance processing, up to a maximum of \$1,500, including copays, deductibles, coinsurance, non-covered services, and other balances determined to be the patient's responsibility.

Charges may occur several weeks after a visit because insurance claims must first be processed by your insurance carrier. For example, a balance may become due after your insurance applies the visit to your deductible or calculates coinsurance.

You may withdraw your card-on-file authorization at any time by submitting a written request with a date and time stamp, such as a patient portal message, email, or mailed letter with a postmark. A withdrawal request is not effective until Portland Pain Solutions has received the request, processed it, and confirmed the cancellation in writing. Charges already processed, pending, or owed for services rendered before the confirmed cancellation remain the patient's responsibility.

If you later dispute or charge back a valid patient-responsibility charge, the chargeback does not eliminate the underlying balance owed for services rendered. If you claim that you withdrew your card-on-file authorization before a charge was processed, you agree that you must provide written, dated proof of that withdrawal request and the practice's written confirmation of receipt/cancellation.

Insurance-Billed Work

Patients are responsible for understanding their own insurance benefits, including copays, deductibles, coinsurance, referral requirements, prior authorization rules, coverage limits, and network requirements.



While Portland Pain Solutions will make reasonable efforts to assist with insurance billing and authorization workflows, insurance coverage is not a guarantee of payment. Any amount not paid by insurance may become the patient's responsibility.

Patients are responsible for ensuring that any insurance-required PCP referral is in place before the associated visit or service. If a claim is denied because a required referral was not obtained, the balance may become the patient's responsibility.

Patients are also responsible for understanding when their insurance requires prior authorization. This is especially important after any insurance change, since authorization requirements may differ by plan. If a service requires prior authorization and authorization is not obtained, or if coverage is denied for authorization-related reasons, the balance may become the patient's responsibility.

Procedures must also be scheduled and completed within the approved authorization date range. If a patient schedules or proceeds with a service outside the authorized date range and insurance denies payment, the balance may become the patient's responsibility.

After insurance processes a claim, any remaining patient-responsibility balance, including copays, deductibles, coinsurance, or non-covered amounts, will be charged to the card on file in accordance with the Credit Card on File Policy.

Insurance processing typically takes 3–5 weeks, though timing may vary by insurer.

Coinurance example:

If the insurance-contracted rate for a service is \$105 and the plan requires 20% coinsurance, insurance pays \$84 and the patient owes \$21.

Deductible example:

If the insurance-contracted rate for a service is \$105 and the patient has not met their deductible, insurance may pay \$0 and the patient may owe the full \$105 contracted rate.

Non-Insurance Billed Work

Payment due at time of service.



We do not offer payment plans or Care Credit.

Some insurance companies ask that we have you sign a form ("ABN") stating that we informed you that a service is not insurance covered. Since payment for these services is due same-day, this will always be discussed before service is rendered. You will not be billed later for work you paid for at a visit. If you would like an invoice, the time to ask for one is when payment is made on the date of service.

Common Procedures Generally Covered by Insurance

Epidural Steroid Injections

Medial Branch Blocks / Back or Neck RF Ablation

Joints & Bursa Injections

Kyphoplasty / Spinal Cord Stimulators

Common Procedures Generally Non-Covered

Soft-Tissue Hydrodissection of Fascia and Peripheral Nerves

Prolotherapy

Peripheral Nerve Blocks

Knee/Shoulder/Hip/Sacroiliac RF Ablation

Stellate Blocks (uses other than CRPS)

Ketamine Infusions (all patients except Worker's Comp)

Platelet-Rich Plasma

Calmare

Personal Injury

Non-Insurance Personal injury cases require payment at time of service, we do not perform work based on letters of protection or liens.

Misc Administrative Fees



Mailed Documents, Lost Cards/papers/disks: \$15

Special Document Preparation - This is anything involving more work for us than simply selecting a document, printing it, and handing it to you in the office. (Example, "I want all my bills reprinted on CMS-1500 forms and sent to a different insurance company"): \$5 per document, \$15 minimum)

Special Letters: Varies, starting at \$25/letter, plus \$25 per requested revision (example, "I need a letter for my airline saying I can't go on the trip because of pain", this would be \$25; "wait, the airline said it has to have my ICD-10 code and you didn't include that", this is a revision- thus an additional \$25)

Special Forms: I do not offer completion of all special forms, but if I do, it's \$25 per page, \$50 minimum.

Returned Check Fee: \$30

Copy of Medical Records: \$15

Conduct

The following behavior will result in permanent discharge from the practice:

- Rude or abusive behavior toward staff, by patients or their accompanying family members/guests
- Expressing yourself in a manner that creates a hostile relationship with staff
- Creating the impression of a threat to any staff member or the practice
- Making excessively frequent, unreasonable demands of staff time in the office, over the phone, or electronically
- No-showing a first visit, or a repeated pattern of no-shows on follow-ups
- A pattern of timely, but frequent cancels and reschedules
- Chargebacks on your credit cards for legitimate bills
- History of any of the above with other medical providers, evinced by documentation we review from other practices and/or institutions



- Inability to abide the terms of this agreement

We make good faith efforts to do right by our patients in every way. If you are upset, angry, or confused about something- there is likely a misunderstanding. If you think that might be what's going on, please ask.

Assignment of Benefits

I hereby assign all medical and surgical benefits to which I am entitled, including all government and private insurance plans or other payers, to Portland Pain Solutions and the medical professionals caring for me during my treatment in this office. Payments for services rendered should be made directly to Portland Pain Solutions or other associated providers as appropriate. I understand that I am responsible for any charges not covered by insurance. This assignment will remain in effect until I revoke it in writing.

General Consent to Care

I authorize Portland Pain Solutions and its employees to access all of my medical records wherever they may be located, and conduct the necessary medical evaluations to determine suitable treatments and/or procedures for any identified conditions.

I understand that if additional testing, invasive, or interventional procedures are recommended, I will be asked to review and sign additional consent forms before proceeding with the test(s) or procedure(s). I certify that I have read and fully understand the above statements and consent voluntarily to their contents.

This consent allows us to perform reasonable and necessary medical treatments in the office that are not covered by separate procedure consent forms. For instance, if you faint in the office, this consent permits us to provide immediate treatment and seek emergency assistance if needed.

By signing below, you acknowledge that (1) you intend this consent to be ongoing, and (2) it will remain fully effective until revoked in writing. You have the right to discontinue services at any time. You also have the right to discuss your treatment plan with your physician, including the purpose, potential risks, and benefits of any tests, procedures, or medications prescribed to you. If you have any concerns about any recommended tests or treatments, we encourage you to ask questions.



HIPAA Policy

This notice outlines how your health information may be used and disclosed, and how you can access this information. Please read it carefully as your privacy is important to us.

Our Legal Obligation:

We are mandated by federal and state laws to protect the privacy of your health information. This notice explains our privacy practices, legal obligations, and your rights regarding your health information. We are required to adhere to the practices outlined in this notice until it is updated. We reserve the right to modify our privacy practices and the terms of this notice at any time, as permitted by law. Any changes will apply to all health information we maintain, including past and future information. Before implementing significant changes, we will update this notice and provide the new notice at our practice location, as well as upon request. You can request a copy of this notice at any time.

Authorization:

In addition to the uses described here, you can authorize us in writing to use your health information for other purposes. You can revoke your authorization in writing at any time, though this will not affect uses or disclosures made while the authorization was in effect. Without written authorization, we cannot use or disclose your health information for reasons outside those described in this notice.

Security:

You will be promptly notified if your health information security is compromised.

Uses and Disclosures of Health Information:

Treatment: We may use or share your health information for treatment purposes, such as sharing it with a physician or pharmacist.

Payment: Your health information may be used to obtain payment for services, such as sending claims to your health plan.

Healthcare Operations: We use your information for operations, including quality assessment, staff evaluations, and training programs.



To You or Your Personal Representative: We are required to provide your health information to you and may share it with your representative if you agree.

Involvement in Care: We may use or share your information to inform family or other representatives involved in your care about your location and condition, using professional judgment to determine when this is appropriate.

Disaster Relief: Your health information may be used to assist in disaster relief efforts.

Marketing: We will not use your health information for marketing without written consent.

Legal Requirements: Your health information may be disclosed as required by law.

Public Health: We may disclose information for public health activities, such as reporting diseases, abuse, or for health oversight.

Deceased Individuals: Information may be shared about deceased individuals as authorized by law.

National Security: Health information may be disclosed to military or federal officials as required for security purposes.

Appointment Reminders: We may contact you with reminders for appointments.

Your Rights:

Access: You can access your health information and request copies. We will provide copies in the format you request if possible and may charge a reasonable fee for copies and postage.

Disclosure Accounting: You can request a list of disclosures of your health information made for purposes other than treatment, payment, and healthcare operations.

Restrictions: You can request additional restrictions on the use of your information, though we are not required to agree to all requests. We must comply with requests to restrict disclosures to health plans if the service is paid out-of-pocket in full.

Alternative Communication: You can request communication through alternative means or locations.



Amendment: You can request to amend your health information, which we may deny under certain conditions.

Non-disclosure: We will not disclose information to insurance companies for services paid out-of-pocket upon request.

Complaints:

For questions or concerns about our privacy practices, contact us using the information provided at the end of this notice. You can also file a complaint with the U.S. Department of Health and Human Services if you believe your privacy rights have been violated. We support your right to privacy and will not retaliate against you for filing a complaint.

I authorize Portland Pain Solutions to:

Release any information necessary to insurance carriers regarding my illness and/or treatments

Process insurance claims generated in the course of examination or treatment

Allow a photocopy of my signature to be used to process insurance claims

This release will remain in effect for one year.

Acceptance of Policy:

I have reviewed and accept the terms of the Portland Pain Solutions Financial and General Practice Policy, as well as the Assignment of Benefits, and General Consents to Treatment. I acknowledge receiving and reading the HIPAA policy. I understand that in order to revoke acceptance, the request must be made in writing, with signed acknowledgement of receipt of your request.

Patient/Guardian/POA Signature

Date