



A Hands-On Approach to Helping You Heal

Welcome to Old Dominion Osteopathic Medicine!

Enclosed you will find the following forms:

- Patient Registration Forms
- Insurance Information
- Information How We Bill
- Disclosure Authorization, Confidentiality Agreement, and HIPAA Notice

We know that you prefer to be seen at your scheduled time, so please plan on arriving **30minutes prior to your scheduled appointment time**, as well as taking a few minutes to complete the following forms prior to your first appointment with us, if at all possible. Having these forms completed upon arrival will keep your waiting time to a minimum.

For your first appointment, please come prepared with the following items:

- Any lab work completed within the last 6 months.
- The attached forms, completed as fully as possible.
- Your Insurance Card
- A Picture ID (Military ID or Driver's License)
- If possible, a bag containing all current medications, including over-the-counter and vitamin supplements, or a complete list if you cannot bring the items with you.
- Payment for your specialist office visit co-pay. We accept checks, cash, Master Card, and Visa. If you do not know how much your co-pay will be, feel free to call us ahead of time and we can look it up for you.

If possible, please wear loose, comfortable clothing and drink plenty of water the day of your appointment.

Also, please note: if you are **more than 10 minutes late** for your scheduled appointment time, you will have to be rescheduled. Unfortunately, due to time constraints, there will be no exceptions to this rule.

Thank you for selecting Old Dominion Osteopathic Medicine. We look forward to meeting you soon.

Sincerely,

Jason A. Sneed, D.O.
540-322-5040

Patient Information:

First Name _____ MI ____ Last Name _____

Date of Birth: ____/____/____ Sex: **M / F** Social Security #: ____ - ____ - ____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: ____ - ____ - ____ Cell/Work Phone: ____ - ____ - ____

Which number would you prefer we contact you on? _____

Email: _____

We will never sell, share, trade, or use your information for anything other than what you have explicitly granted us permission for. Please note that all emails are unencrypted and thus vulnerable to third-party interception.

May we email you reminders for your appointments? **Y / N**May we email you our monthly newsletter and practice notifications? **Y / N**

How did you hear about us? _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: ____ - ____ - ____ or ____ - ____ - ____

Do you have a Power of Attorney? **Y / N**

If YES, please provide: Name: _____ Date Effective: ____/____/____

(For Patients Under Age 18) Responsible Party Information:

Last Name _____ First Name _____ MI ____

Date of Birth: ____/____/____ Social Security #: ____ - ____ - ____

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: ____ - ____ - ____ Cell/Work Phone: ____ - ____ - ____

Meaningful Use Information:

Disclosure of meaningful use information is completely voluntary. Choosing not to disclose the following information will not in any way effect your medical treatment.

Preferred Language:

- | | | |
|--------------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Decline to Answer | <input type="checkbox"/> German | <input type="checkbox"/> Korean |
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> French | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: _____ |

Race:

- | | | |
|---------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Decline to Answer | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Samoan | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black Hispanic or Latino | <input type="checkbox"/> Tongan | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or
Alaskan Native | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White Hispanic or
Latino |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Chinese | <input type="checkbox"/> Unknown |

Ethnicity: ☐ Decline to Answer ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Student Shadows:

Old Dominion Osteopathic Medicine is an Osteopathic Rotation site for future DO physicians, both those in the process of applying to medical school as well as those completing their medical education at accredited Osteopathic medical schools.

Initial here if you agree to allow students to participate in your care, realizing that if at any point you become uncomfortable you can ask the student to leave, or let Dr. Sneed or his staff know, with no ramifications upon your care.

OR

Initial here if you decline to allow students to participate in your care, knowing that this in no way will affect the care you receive.

Authorization to Use or Disclose Protected Health Information:

Old Dominion Osteopathic Medicine, PLLC, its physicians and staff are hereby authorized to disclose protected health information with those listed below. Permission may be revoked at any time in writing.

Name	Relationship	Phone

Pharmacy:

Name: _____ Phone: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Care Physician:

Name: _____ Phone: _____ - _____ - _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

While Dr. Sneed can handle many of your medical needs, similar to those of a primary care physician (PCP), we do recommend that you have a separate PCP. We are more than happy to discuss natural alternatives and even some medications for most problems, but these should always be discussed with your PCP as well. If you choose to not have a PCP in addition to this practice, it is imperative that you realize that natural alternatives are not a part of standard medical care and by accepting such recommendations you are accepting the potential risks and benefits that come with deviation from standard medical care.

_____/_____/_____
Patient/Authorized Party Relationship Date

Insurance Information

Primary Insurance: _____

Policy Number: _____ Group Number: _____

Policy Holder: Last Name _____ First Name _____

Policy Holder DOB: ____/____/____ Relationship to Patient: _____

Secondary Insurance: _____

Policy Number: _____ Group Number: _____

Policy Holder: Last Name _____ First Name _____

Policy Holder DOB: ____/____/____ Relationship to Patient: _____

Assignment of Insurance Benefits: I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made on my behalf to Old Dominion Osteopathic Medicine, PLLC for any medical services provided to me by that organization. I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related equipment or services to the organization, the Center for Medicare and Medicaid Services, my insurance carrier or other medical entity. A copy of this authorization will be sent to the Health Care Financing Administration, my insurance company or other entity if requested. The original will be kept on file.

Guarantee of Payment: I understand that I am financially responsible to the organization for any services and charges not covered by health care benefits. It is my responsibility to notify the organization of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. **I am responsible for the entire bill or balance of the bill as determined by the organization and/or my health care insurer if the submitted claims or any part of them are denied for payment**

Authorizations, Referrals, and Limitations: It is up to me to notify the office if my insurance requires an authorization or referral for services rendered, or a limitation on such services, and make sure this information is obtained prior to my appointment.

I understand that by signing this form I am accepting financial responsibility as explained above for all payment for treatments received. I further understand and authorize services charges will be added if the bill is not paid after 30 days. I agree also to pay collections fees in the amount of 33% of my account balance or a minimum of \$50.00 should my account go to collections.

Signature of responsible party: _____ **Date:** ____/____/____

Name of Person Signing: _____ **Relationship:** _____

Office Policies, Consent to Treatment, and HIPAA Policy

Cancellation Policy: In the event that you are unable to keep your scheduled appointment, please notify us within 24 hours of your appointment time. If you are unable to keep your appointment time and you do not call and give at least a 24-hour notice, our office has the following policy:

First Absence: You will be notified by phone and/or mail of your missed appointment. You will also receive a \$50.00 office charge.

Second Absence: You will be notified by mail of your missed appointment. You will also receive a \$100.00 office charge.

Third Absence: You will be notified by mail of your missed appointment. You will also receive a \$150.00 office charge. You will be discharged from our practice.

Forms & Letters:

It is the goal of Dr. Sneed and our staff to accommodate requests for paperwork in an accurate and timely manner. Dr. Sneed does not act as a Primary Care Physician, and so does not perform School or Sports Physicals. If you have other forms that pertain to the care he is currently providing you, the following apply:

1. Blank forms will not be accepted. Personal information must be completed.
2. Turnaround time is usually within 7 business days.
3. Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out.
4. Information requested by the form must be already charted during a medical visit with Dr. Sneed. If it has not been, a new appointment for a current examination may be required prior to the form being completed.
5. The charge for review and completion of medical forms is \$25.00. It is due at time of pick up of the forms.
6. If you need a letter written by Dr. Sneed, other than for work/school absences directly pertaining to his treatment of you, there will be a \$25 fee.
7. Forms must be picked up at the office or received via the Patient Portal. We cannot guarantee the confidential receipt of forms faxed or emailed to non-HIPAA covered entities.

General Consent for Treatment and Tests: I consent to treatment by Old Dominion Osteopathic Medicine, PLLC, physicians and staff for my illness and/or health evaluations, including but not limited to x-rays, blood tests, laboratory procedures, medications, and minor procedures. I acknowledge and agree that NO GUARANTEES have been made to me as to the results or outcomes of my medical care. I understand that State Law requires physicians to report certain communicable diseases to the Health Department.

Release from Liability for Leaving Against Medical Advice: I agree that if I leave a physician's office against the advice of my physician or Old Dominion Osteopathic Medicine, PLLC, then Old Dominion Osteopathic Medicine, PLLC, its personnel, and my physician(s) are released from responsibility or liability for any injuries or damages which may result from my leaving against medical advice.

Phone Authorization: I authorize Old Dominion Osteopathic Medicine, PLLC to contact me by phone. I understand if I cannot be reached, a message may be left at my designated phone number.

Email: I understand that any email communications, outside of the Patient Portal, between myself and the staff of Old Dominion Osteopathic Medicine are unencrypted, and thus vulnerable to third party interception. Should I request medical information be sent to me via email, I hereby release Old Dominion Osteopathic Medicine and its staff from liability should it be intercepted by a third party.

Confidentiality Agreement: Old Dominion Osteopathic Medicine, PLLC, its physicians and staff may publicly call your (or your child's) name in the waiting room of Old Dominion Osteopathic Medicine, PLLC.

Notice of Privacy Practices: By signing this document, I also acknowledge that I have received the attached copy of the Privacy Practices of Old Dominion Osteopathic Medicine, PLLC and HIPAA Notice, as required by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that I have been made aware of my privacy rights.

Notices of Insurance and Billing Policies: By signing this document, I also acknowledge that I have received and read the attached copies of "How We Bill" and "What You Need To Know About Your Health Insurance Before Your Appointment."

I have read and understand this document, and it's attachments, and agree to its terms.

_____/_____/_____
Patient/Authorized Party Relationship Date

Reason for your visit today:

Review of Systems: (check all that currently apply, please explain further in space below)

☐ Unexplained Weight Changes

☐ Heat/Cold Intolerance

☐ Fatigue

☐ Trouble Sleeping

☐ Dizziness

☐ Fever

☐ Headaches/Migraines

☐ Sinus Problems

☐ Eye Problems

☐ Ear Problems

☐ Neck Pain

☐ Back Pain

☐ None of the above

☐ Heart Problems

☐ Respiratory Problems

☐ Chest Pain

☐ Anxiety/Depression

☐ Pain in Extremities

☐ Muscle Problems

☐ Memory Problems

☐ Decreased Libido/Sexual Difficulties

☐ Abdominal/Gastrointestinal Problems

☐ Urinary Problems

☐ Swelling

☐ Other

Prior Medical History: (check all that apply)

☐ High Cholesterol

☐ High Blood Pressure

☐ Asthma

☐ Diabetes

☐ Other: _____

Past Traumas: (Major Falls, Motor Vehicle Accidents, etc.)

Incident	Date

Surgical History: (Please list all surgeries)

Surgery	Date

Screenings:

	Date of Last Screening	Results
Pap Smear		
Mammogram		
Colonoscopy/Colon Cancer Screening		
Prostate Cancer Screening		
Bone Density (Dexa) Scan		

Please list any medical issues not previously addressed:

Social History: (Please check all that apply)

Tobacco Use: ☐ Never

☐ Former: Packs/Day _____ Years Smoking: _____
Date Quit: _____/_____/_____

☐ Current Packs/Day: _____ Years Smoking: _____

☐ Other Tobacco Use: _____

For Women of ALL ages and Men age 65 and older:

In the past year, how many times have you had **4 or more drinks** in one day? _____

For Men under the age of 65:

In the past year, how many times have you had **5 or more drinks** in one day? _____

Recreational Drug Use: ☐ No ☐ Yes **If Yes, Type/Frequency:** _____

Employment: ☐ Full-Time ☐ Part-Time ☐ Self-Employed ☐ Unemployed
☐ Disabled ☐ Retired ☐ Stay-At-Home Parent ☐ Student

Marital Status: ☐ Never Married ☐ Currently Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Committed Relationship

Family History:

Relation	Medical Conditions	Age Deceased
Mother		
Father		
Siblings		

Allergies to Medications:

Medication	Allergic Reaction

Medications & Supplements:

If possible, please bring in all prescription, over-the-counter, vitamins, and supplement bottles.

ALL Prescriptions, Over-The-Counter Medications, Vitamins, and Supplements	Dosage (mg, iu)	Quantity & Frequency (How many, How often)	Prescribed By:

PRIVACY PRACTICES OF OLD DOMINION OSTEOPATHIC MEDICINE, PLLC. AND HIPAA NOTICE
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Old Dominion Osteopathic Medicine (ODOM) is committed to the privacy of your personal identifiable health information (PHI) and will use strict privacy standards to protect it from unauthorized use or disclosure.

Understanding Your Health Record: Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, and treatment plan. This information is referred to as a health or medical record. Understanding what is in your record and how your health information is used helps you to ensure its accuracy and make more informed decisions when authorizing disclosure to others.

Uses and Disclosures That Are Permitted Without Your Consent or Authorization: ODOM may share your PHI, as allowed by federal law, for health oversight activities. It can be shared for judicial or administrative proceedings, with public authorities, for law enforcement reasons, for activities deemed necessary by appropriate military command authorities, and to coroners, funeral directors or medical examiners (about decedents). When consistent with Virginia law, if ODOM believes in good faith that the use of disclosure of the PHI is necessary, it will release your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. ODOM will disclose to a person reasonably able to prevent or lessen the threat, including the target of the threat. ODOM can release PHI in compliance with worker's compensation or other similar programs established by law. We may release your PHI for the preparation and submission of claims and other actions required to secure payment for health care services provided by ODOM. We may use your PHI to contact you with appointment reminders and to inform you of possible treatment options or alternatives or health-related benefits or services that may be of interest to you. (Please notify us if you do not wish to be contacted for appointment reminders.) ODOM may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, use of your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may use your PHI to provide, coordinate, or manage your health care and any related services with other health care providers.

Required Uses and Disclosure: Your health record is the physical property of the healthcare practitioner or facility that compiled it, but the information belongs to you. ODOM is required to disclose your PHI as follows: We must permit you to inspect and copy your PHI (with certain exceptions) upon request. We must disclose your PHI upon request to the Secretary of the United States Department of Health and Human Services (the "Secretary") in connection with the investigation of ODOM'S compliance with federal privacy regulations.

Right to Request Restrictions on Use and Disclosure: You may tell us in writing that ODOM is allowed to give your PHI to someone else for any reason. If you are present and give us verbal permission, we may give your PHI to a family member, friend or other person. If you are not present and it is an emergency, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest. You may take away your permission for said

person(s) in writing and we will stop using your PHI for that purpose. However if the information was shared prior to your new restriction, we cannot undo any actions we took based on the previous circumstance. You may request ODOM to contact you in a certain way or location, for example by communicating with you only through work or by mail.

Right to Inspect and Copy Medical Information: You have the right to obtain and copy your PHI subject to certain limitations. This includes most PHI maintained by ODOM, except for information compiled in anticipation of legal proceedings. Virginia law prohibits ODOM from providing you with copies for your medical records if your attending physician or clinical psychologist has filed a written statement that your review of these records would be injurious to your health. ODOM may also charge you a fee to cover the cost of providing you with a copy of your PHI.

Right to Amend PHI: You have the right to request that ODOM amend PHI in writing, if you believe that such information is inaccurate or incomplete, but you are not entitled to have any information deleted from your PHI. ODOM may deny your request for amendment if it determines that the information at issue is accurate and complete or that it was not created by ODOM.

Information Protection: ODOM keeps your oral, written and electronic PHI safe using physical, electronic and procedural means. These safeguards follow federal and state laws. We require our employees to protect PHI through written policies and procedures. PHI is limited to only those employees who need the data to do their job. Where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business.

Maintenance and Destruction of Records: ODOM will maintain your records for a minimum of six (6) years following your last date of service. ODOM retains the right to keep and maintain records for a longer period of time to meet the applicable requirements of state or federal law or otherwise in its discretion. Records eligible for destruction will be disposed of in a manner that fully protects patient confidentiality.

Changes to this Notice: ODOM is required by law to maintain the privacy of your PHI and to make this Notice available to you. We reserve the right to change this notice at any time and in any manner that is permitted under applicable law and to make the new Notice provisions effective for all of your PHI that we possess on the date of such amendment or thereafter receive or generate. We are required by law to follow the privacy notice that is in effect at this time. We may inform you of any changes to our notice via newsletter, mailings or postings to our website. You have the right to get a new copy of this notice at any time.

Complaints: You have the right to file a complaint with ODOM or with the Secretary if you believe that your privacy rights have been violated. If you wish to file a complaint with ODOM, please contact the Practice Manager at 2525 Cowan Blvd, Fredericksburg, VA 22401. All complaints must be submitted in writing. ODOM will not penalize or discriminate against you in any manner if you choose to file a complaint.

HIPPA Notice

Effective September 1, 2010

How We Bill

Dr. Sneed practices, and bills, as a specialist in Osteopathic Manipulation (also known as Neuromusculoskeletal Medicine). This is a very small specialty within the field of medicine, and very few Osteopathic Specialists take insurance. This means that most insurance companies that Dr. Sneed is contracted with as an in-network provider don't actually have a specific "box" to put him in (they simply don't have one for Osteopathic Manipulation). Because Dr. Sneed is also board-certified in Family Practice Medicine from his dual residency, they have elected to place him as a sub-specialty within the field of Family Practice Medicine. When you are determining the coverage your insurance company may provide for your appointments with Dr. Sneed, you will want to **look at the specialist coverage**.

What does that mean for you? It means that, while Dr. Sneed may appear on an insurance company's list of Family Practice physicians, **he does not practice as a Family Practice Physician** – he is still practicing as a Specialist in Osteopathic Medicine. **His billing is treated, by the insurance company, as a specialist. If you have an HMO plan, you will still need a referral from your insurance company for your appointments with Dr. Sneed to be covered.**

Dr. Sneed uses the following range of codes for his billing:

- **99202-99205:** These are the office visit code for **New Patient Appointments**, and are only used for your initial visit. Dr. Sneed will use one code within this range, within the guidelines set out by the Department of Health and Human Services.
- **99212-99215:** These are the office visit codes for **Established (Returning) Patient Appointments**, and are used for each visit after your initial appointment. Dr. Sneed will use one code within this range, within the guidelines set out by the Department of Health and Human Services.
- **98925-98929:** These are the codes for Osteopathic Manipulation, and are used for every visit with Dr. Sneed in which he performs Osteopathic Manipulation of any variety in your treatment that day. **We use a 25 modifier with this code**, which tells the insurance company that it was done in conjunction with the above office visit codes (not in a separate appointment). Dr. Sneed will use one code within this range, within the guidelines set out by the Department of Health and Human Services.

So why does the Explanation of Benefits (EOB) from my insurance company say he used a Physical Therapy / Chiropractic / Occupational Therapy / Etc. code?? This may happen because, as we mentioned above, Osteopathic Manipulation is such a rare specialty that most insurance companies don't have a "box" to check specifically for it in their systems. So, for their convenience, **they may lump our Osteopathic Manipulation codes in with another grouping of "similar" codes**, which is what gets listed on your EOB. This EOB will also list the exact code he used, which you will see will always fall within the range of 98925-98929 – codes which are specific to Osteopathic Manipulation only, and may be used only when an Osteopathic Physician performs Osteopathic Manipulation in the course of your treatment. This is also the reason why, if you have a plan with limitations on Spinal Manipulation/Chiropractic/Physical Therapy/Occupational Therapy/Etc. visits, you will want to call your insurance company to see how they treat Dr. Sneed's Osteopathic Manipulation codes (98925-98929) and if there are

limitations on those and if they are in conjunction with any other visits you may have that contracted year to another provider. (*See Visitation Limits on previous page for more info*)
Why does my insurance company say you billed AGAIN for the same appointment? Sometimes the mail is slow. We expect it to take 4-6 weeks for an insurance claim to be processed, but if it takes longer than that we may double-check ourselves by resubmitting the claim. Rest assured that, if this happens, your insurance company will NOT pay it again (they just send us a letter letting us know), and we will NOT bill YOU twice for the same appointment.

What if there's been a mistake made? If you think there's been a mistake made, either by the insurance company or by our billing office (we're all human!), **please give us a call at the office as soon as possible (540-322-5040)**. (If it is an insurance issue, there may be a deadline we have to appeal by.) We are happy to look into it for you, and get you an answer as soon as possible.

What if I can't pay my bill all at once? **Call us immediately (540-322-5040)**! Meg, our office manager, is happy to work with you if you let us know immediately that you need a payment plan to be able to pay your bill in full.

What You Need to Know About Your Health Insurance *Before* Your Appointment

Health insurance can be a tricky thing – there are a myriad of different plans available, and even if you have the “same” plan as last year, details within it may have changed. We hate it as much as you do when a bill is unexpectedly high, and understand the frustration that can accompany trying to figure out why; so we’ve put together a list of things to know about your insurance plan and our billing practices that should help you avoid being caught unaware when a bill arrives. **If you have any questions about your insurance coverage, the best people to call will be your insurance company** – they will have the most complete information about what your specific plan covers, much of which isn’t available or always accurate in the information our office is able to look up about your plan. **If, however, you have any questions about our billing please don’t hesitate to call us as soon as possible!** We are happy to explain what we can, and to work with you on a payment plan if needed.

In-Network or Out?

The first thing you’ll want to find out is if we “accept” your insurance plan, also known as being “in-network” with your insurance plan. Most insurance companies have made this easy to find out online, but you can also call them to ask if Dr. Jason Sneed is in-network with your plan. We can usually tell you this in the office as well – but there are new and different plans each year now. For example, while we may be “in-network” with Anthem Blue-Cross/Blue-Shield, we are not “in-network” with Anthem Blue-Cross/Blue-Shield Healthkeepers. This often isn’t in our control, as it is at the discretion of the insurance companies we’ve contracted with as to which specific plans we are “in-network” with, and your insurance company is the best resource to know if we are “in-network” with your specific plan.

If we are “in-network,” then we will be covered as a specialist on your insurance plan. Yes, some insurance plans have Dr. Sneed listed as Primary Care or Family Medicine – but even with those, he bills as a specialist. The reason for this is that Osteopathic Manipulation (his specialty), is such a rare one (most who practice it don’t take insurance) that they have no specific category for Osteopathic Manipulation within their contracts. So for these companies, Dr. Sneed is actually a “sub-specialty” within Primary Care or Family Medicine, and thus still bills as a specialist.

If we are “out-of-network” with your insurance, meaning we can’t accept it, then you will want to check and see if you have “out-of-network” benefits – and how much they will cover for an appointment. If you have out-of-network benefits, we can bill your insurance directly. Please keep in mind that out-of-network coverage is often less, leaving more of the bill left over to you. If you do not have out-of-network benefits, you can come see us and self-pay on the day of your appointment. Because our insurance contracts require us to bill everyone in the same way, including self-pay patients not using insurance, we can’t give you an exact flat rate for an appointment – but we can give you a definite range within which your appointment cost will fall. Please feel free to call our office for that estimate so you can be prepared to pay it on the day of your appointment.

Referrals

If you have an HMO plan or Tricare Prime, you will need a referral from your Primary Care physician to see Dr. Sneed. This referral needs to be filed with your insurance company, and approved, prior to your first visit with us. Yes, some insurance plans have Dr. Sneed listed as Primary Care or Family Medicine – but even with those, he bills as a specialist. The reason for this is that Osteopathic Manipulation (his specialty), is such a rare one (most who practice it don't take insurance) that they have no specific category for Osteopathic Manipulation within their contracts. So for these companies, Dr. Sneed is actually a “sub-specialty” within Primary Care or Family Medicine, and thus still bills as a specialist and you will need a referral for your appointment to be covered by your health insurance.

Deductible

Almost every health insurance plan has a deductible. This is the amount of money you will be expected to pay yourself before your health insurance covers the cost of anything for almost any physician you see. The exact amount of your deductible is determined by your plan and can be as little as \$500 for a contracted year or as much as \$10,000. **This deductible encompasses every single medical appointment you might have with an in-network provider that is not required to be covered in full by health care laws** (such as an Annual Exam or Women's Well Check). If we are out-of-network with your insurance plan and you have out-of-network benefits you most likely have a separate out-of-network deductible to meet before your insurance will cover anything as well. **Your insurance company can tell you how much your deductible is, as well as how much has been applied to your deductible for the year and how much you have still remaining to meet.** For many insurance companies, that information is listed on the “Explanation of Benefits” (EOB) you may receive from them letting you know how much we billed, how much they discounted per our contracts with them, and how much they are paying or leaving to you to pay. **This deductible starts over each year, and you will again have the full amount of the deductible to meet before benefits kick in, regardless of how much you paid previously** – for most plans this means a calendar year (so every January...even if you just got the plan in October), and for others it is the contracted year (meaning on the anniversary of starting your insurance contract). Again, your insurance company will be able to tell you exactly when your plan renews and your deductible starts over.

Copay

The copay is a fee set by your insurance company that you must pay on the day of your appointment. For most insurance plans, Dr. Sneed is required to collect the specialist copay. **The good news is that this copay goes towards the cost of the appointment, and is also attributed to your deductible.** Some insurance companies will have the copay listed on your insurance card. If there is any doubt as to the exact amount of your copay (some plans get complicated even for us to figure out what to charge), we will charge you the lower amount until the insurance company returns the first appointment's EOB, which will list the expected copay on it as well. You would then be billed for the difference.

Co-Insurance

Some plans also have a co-insurance in addition or in place of a copay. **This is usually a percentage of the total costs that your health insurance plan will cover before and/or after**

your deductible has been met – leaving the remaining percentage of the cost to you. This is determined solely by your plan, and is something we will bill you after your visit. This is because we must first bill the insurance company, which will reduce the cost we bill them by 40-60% automatically before determining how much is left to you to pay under your co-insurance and how much the insurance plan itself will pay. Please be aware that while we file our claim for your visit shortly thereafter, it may take 4-6 weeks for the insurance company to process our claim and return a statement of benefits and amounts owed to us (longer if there are any questions that need to be answered first). The insurance company will also send you a copy of this “Explanation of Benefits” (EOB), usually two weeks before they send it to us, but if you need to know your coverage sooner you should call your insurance company directly with the codes we billed for your appointment – these are always available after your appointment in a printed invoice we can provide at your request.

Visit Limitations

Some insurance plans will have limitations on “Spinal Manipulation” visits, or Physical Therapy visits, Occupational Therapy, or Chiropractic Visits. We do NOT bill using PT or Chiropractic codes, but our OMT codes are often lumped in with PT and Chiropractic codes by the insurance companies. If your plan has a limit on the number of these types of visits they will cover in a year, you will need to keep track of this to ensure you do not exceed your plan’s limits. This is not information that is provided to us from your insurance companies, as it may involve visits to PT and Chiropractors, or other providers, as well. You can always call your insurance company to verify if you have limitations, which providers fall under that and how many you have remaining based upon the claims that have been submitted.

Out of Pocket Maximums

Many, but not all, insurance plans have an “out of pocket maximum” (OOPM) – essentially a cap on the amount of money you may have to pay for medical bills in a contracted year. This is different from the deductible, and once it is reached the insurance company will pay 100% of your medical bills. **If you know that you have met your OOPM, please let our office staff know** and we will not collect a copay on the day of your appointments until the beginning of your next contracted insurance year.

Auto Accidents

Virginia is what is known as a “double dip” state – meaning that if you are being treated for injuries related to an accident, we will bill both your Health Insurance and your Auto Insurance, unless you provide specific instructions in writing not to. **We will bill your auto insurance once – should they deny all or part of the claim, it is up to you to file an appeal or submit the required paperwork as specified by your insurance company. You are still responsible for any portion of our bill not covered by your Health and Auto insurances –** or any bill that comes due while you are still going through litigation or negotiations related to your accident.