

ROBERT J. KLEIN, DO

1652 42nd St. NE, Suite A
Cedar Rapids, IA 52402-3075
Telephone: (319) 395-0223
www.rjkleindo.doctorsoffice.net

Dear _____,

Welcome. To help better acquaint you with this office, I have outlined our office procedures and fee schedules. Please review this information carefully.

Included in this packet you will find the following documents and forms: A copy of our Notice of Privacy Practices (for you to keep with your personal records), a Consent/Authorization Form, a Patient Registration and Intake Form, and a Health History Form. All forms should be completely filled out and brought with you to your initial visit on _____.

If you are unable to complete the forms at home prior to your appointment time, please plan to arrive 20 minutes early to do so here in our office.

APPOINTMENTS

Appointments are scheduled Monday, Tuesday, and Thursday 8:00am – 4:30pm with a break from 12:00pm – 1:00pm, and the 1st and 3rd Wednesdays of each month 8:00am – 11:30am. The office is closed Friday, Saturday and Sunday, as well as the 2nd, 4th, and when applicable, 5th Wednesdays of each month. Treatment is by appointment only. Appointments are scheduled for 90 min for the initial visit and 30 min for follow-up care; we do not reserve time for emergency visits. If you feel your situation requires immediate care, and an appointment is not available at our office, please contact your family physician or visit your local emergency room. If you are unable to keep your scheduled appointment, please call the office at (319) 395-0223 at least 24 hours in advance. Please note that telephone calls are only answered between the hours of 10:00am – 4:30pm M, T, Th and 10:00am – 12:00pm Wed. If your call is forwarded to voice mail, please leave a message and your call will be returned as soon as possible.

INSURANCE

Our office will file claims on your behalf directly with your health insurance carrier. We will file with most health insurance plans with the exception of Medicare and Medicaid/Title 19. If your health insurance plan is an HMO or PPO, it is recommended that you check with your health insurance carrier prior to your visit to determine if a referral is necessary and/or to verify that Dr. Klein is listed as a Preferred Provider in your network. Please refer to the *Insured Fee Schedule* for a list of charges.

Dr. Klein has **opted-out** of Medicare. This means that **no** Medicare benefits are available for Medicare recipients treated at this office. If your health insurance coverage is Medicare, you will be required to enter into a Private Payment Agreement with Dr. Klein for any treatment you receive in this office. This agreement states that claims for services provided in this office **cannot** and **will not** be submitted to Medicare for payment **by this office or by the patient**. In addition, no supplemental policies will be billed either. You will be responsible for 100% of the

cost of treatment. Please refer to the *Private Payment Agreement Fee Schedule* for a list of charges, which are discounted approximately 20% off our regular Insured Fees. This discount is also offered to anyone who does not have insurance coverage.

2019 FEE SCHEDULES

Insured Fee Schedule

Initial history and evaluation (office visit)	\$174.00
Follow-up evaluation (office visit)	\$ 67.00
OMT-Osteopathic Manipulation (procedure)	\$123.00

Uninsured/Private Payment Agreement Fee Schedule

Initial history and evaluation (office visit)	\$139.00
Follow-up Evaluation (office visit)	\$ 54.00
OMT-Osteopathic Manipulation (procedure)	\$ 98.00

Your first visit will include a charge for an *Initial History and Evaluation* and a charge for *OMT*. Subsequent visits will include a charge for OMT only, as long as it is a continuation of care (no new injury) and you have been treated at least once in the previous 12 months. In the event of new injury and/or it has been 12 months or more since your last treatment, there will be a charge for a Follow-Up Evaluation in addition to the charge for OMT.

PAYMENT

Deductible, copay and coinsurance amounts are due at time of service. If you are uninsured, full payment of all charges is expected at time of service. Please note that if your health insurance is a high deductible plan, you are expected to pay the entire bill at time of service based on your insurance's maximum allowable fees. Accepted forms of payment include **check or cash only**. Sorry, at this time **we do not accept any forms of credit/debit cards** (including Flexible Spending Account cards). If payment is made by check from an HSA (Health Savings Account) please make certain funds are sufficient to cover the amount of your check. If funds are insufficient, please plan to pay your bill from a personal bank account at time of service and later reimburse yourself from the HSA once additional funds have been deposited. This will reduce the risk of incurring a returned check fee. If payment is made by check and your bank does not honor it, a \$15.00 returned check fee will be imposed.

We hope that this information has been helpful to you. If you have any questions not answered in this packet, please call the office at (319) 395-0223 and we will be happy to answer them. We look forward to meeting with you!

Sincerely,

Laurie Kelchen
Office Manager

Robert J. Klein, DO