

Traditional Practice

What does it mean?

Raleigh Facial Pain Center makes more time for your time. We are here to help you succeed in pain management

Respect: One on one time with a doctor, quality time with no interruptions or distractions. We promise to give our best in promptness and reliability.

Participation: Our quality time and educational materials allows you to make informed decisions and you play an active role in your treatment.

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Coaching: Traditional Practice means you have a caring team available to educate, encourage, set goals, and cheer you on.

Unrestricted Care: We are a fee for service facility which means you make your health care decisions, not the insurance companies clerks. Your direct re-imbusement allows unrestricted healthcare.

Success: Ultimately, we hope our care will help you to achieve the best possible care for your pain management needs.



Notice To Insurance

In looking at the detailed letter medical necessity, please look at the massive data that supports the recommend treatment plan, instead of inventing excuses for denying the patients' rights and privileges under your contract with patient.

- 1) Patients have not achieved pain reduction or normal jaw function through changes in diet, anti-inflammatory medications, hot compresses, or biteguards**
- 2) There are no in-network residency trained, and board certified, orofacial pain providers in North Carolina**
 - a) An oral surgeon is trained at surgery. We are not requesting surgery and jaw joint surgery is no longer recommended for jaw joint pathologies.**
 - b) A dentist is trained at teeth. We are not working on teeth. Scientifically, the teeth or bite are no longer the cause of jaw joint damage.**
- 3) We are working on a damaged joint muscle complex; therefore, the overall therapy is chewing system orthopedics, tension headache management, trigeminal nerve pathology, or burning mouth management.**
- 4) The neck, head, and jaw are intergrated parts of body; thus, they are covered by medical insurance, all medical insurance.**
- 5) Self funded plans have jaw joint exclusions about the jaw joint coverage, which is a violation of medical common sense and restriction of trade laws.**

Traditional Practice (Fee-For-Service) is no different than co-pay

As a patient, you are about to enter the medical world. Most of us are afraid of the doctor not taking time to listen to us, can't find diagnosis, the money drain, and ongoing pain. The fear of the economic drain on your dollars for the medical care is major concern for most families. The insurance companies use this fear of money to enhance the fear to force you to go to their doctors who discount cost of your care. They present the picture of any provider who does not provide co-pay approach will drain of your dollars or does not care about you only your money. Their hope is by fanning this fear that you will not request care from traditional practices; thus, no care, no claim, no dollars from the insurance company. This is so you can stay at home and suffer. You think they care. They use economic blackmail to control your seeking the care you deserve. The fear of money leads people to a significant misconception, without copay, the burden of money is on the patient. This is not true.

The second problem with co-pay is the caring doctor becomes a banker. In co-pay practices, the doctor acts as a bank loaning money and holding credit for patient until insurance re-imburses him or her. The doctor has no training in banking, credit, or floating a loan. He is foremost a doctor and he should stay in that field. With traditional practices, you pay for the doctors' time with Care Credit Card (rarely are applicants turned down). We pay the interest on the credit card; therefore, we disallow any unfairness in this economic process. The care credit company (CRC) holds the loan for the 30 days the insurance (required by law) has to pay for the medical care.

- If you go home after the medical care and pay the co-pay amount to care credit card company, you will have covered your co-pay.
- When the insurance company pays the money for the claim 30 days later, then you pay care credit card company the monies you just received.

You are in the same financial shape as with co-pay type services. So, you see the fee for service approach is not a financial burden, when care credit is used for the float of monies.

How fee-for-service works comfortably

<i>Patient is seen for office visit. Fee is \$100.</i>			
Fee for Service		Copay	
Patient pays with CRC	\$100	Patient pays	\$30
Patient pays CRC	\$40	Doctor bills	\$70

		insurance	
Insurance pays Patient	\$40	Insurance pays Doctor	\$50
Patient owes care credit	\$20	Doctor eats	\$20