

This almost ruined me! Learn from my Mistakes so this never happens to you. It doesn't have to be this way.....

Dear fellow Chiropractors and Staff,

I'll tell you all about the headline, but first **Let me tell you my story.....** You see my wife and I are both chiropractors. We met in school, got married, had kids, and started working hard as doctors. We were juggling running practices, raising a family, paying student loans and trying to keep our heads afloat. Over time, we found our practices growing from all our hard work.

Life was fine and dandy, and then we got the Letter...

Blue Cross requested a bunch of patient notes from my wife's clinic. We had great notes and financial policies.... or so we thought! After a few weeks, we got a letter from Blue Cross requesting we pay them back \$500,000. This whole time we thought we were going to pass with flying colors... **How wrong we were!!** And then there were fees with attorneys -who always insist to be paid upfront! To make a long story short, this was devastating to our practice. I was so mad at everything, but I didn't know what to do. I went on a mission to make sure this never happened to us again. I found ways to defend my practice against unfair audits and accusations. I paid a lot of money to learn these valuable secrets- so learn from my mistakes and don't become a victim!! Several of the most amazing secrets I learned was that using a proper ERISA Assignment of Benefits, financial policies, and chart note addendums can save your practice a lot of grief. You see, you run a business first and foremost and health care is highly regulated. All your office procedures and paperwork needs to fit together like a jigsaw puzzle so you can focus on thriving not just surviving. Sure, you can ask friends (**the chiropractic information hotline network**) what they think you should do, but **tens of thousands of dollars in attorney fees and I know what I NEED TO DO.**

1. ERISA Assignment of Benefits. Copy and paste this verbatim on your office letterhead and Don't see another patient until they sign this!

2. SOAP/chart note addendums. Insurance companies dislike doctors because we cost them money. Two things they come after us most is medical necessity and poor documentation. Chart note addendums are a great way to overcome this and put insurance companies on notice that you mean business and not to harass you.

3. Compliant Office Discounting policy: Here's why this is so important and why its most offices' "Kryptonite." When an insurance company is auditing you, they are going through your files with a fine-tooth comb. They are looking for anything to "get you." What many doctors don't realize is that excessive "cash discounts" for your self-pay patients can give them the ammunition to throw other defenses out the window. They can accuse you of operating a "dual fee schedule", which they may say is a type of insurance fraud. Once you get this pinned on you, your defenses are gone, and they got you right where they want you. Get ready to write some big checks or worse! This is not where you belong.

How do we overcome this? I learned that using a Discount Plan can save your practice a lot of grief. Sure, I'd had friends that used traditional Discount Plans (DMPOs) that some of you may have heard about. The problem was that

Patients pay more to pay less- This makes no sense!!

Patients don't like this idea either!! All your patients want to do is get a discount in their care and . All you want to do is give a compliant discount!

I felt like a "used car salesman" ... trying to tack on some additional "membership fee" just so patients can get a discount at my office. They felt like it's "the old bait and switch," and I don't blame them. I helped create a new Discount Plan(DMPO) that is free for patients. Talk about a great idea....



Dr. Doug and Dr. Jill in better times

Compliant Discounting - Simplified at your fingertips!

I got all the benefits and compliance of a Discount Plan without the added stress of having to upsell patients that truly need it. The cost to the doctor's office is only \$99 per month, and there are unlimited numbers of patients that can enroll in the program- all for FREE!! We work hard enough getting patients through the door to create some additional barrier to them getting care they need-**make it easy for patients to say YES to care!!** It's really that simple with the same level of compliance and safety as those other DMPOs.

Here's how you do it: To claim your first month for only \$1, go to the online application here

<https://patientoptions.org/application/> , and when you reach "Referral Code" in the online application, type: **"POMHONE"** and you will automatically be charged only \$1 for your first month. Remember, we are a **month to month contract with our providers.** You will be joining a network of thousands of providers serving hundreds of thousands of patients offering them access to **affordable care** in a **compliant manner.** You will also get a free copy of the **chart note addendum.**

You can also **call us with questions at 866-275-5633**, and we will take your call. . Remember....Don't make the same mistakes I did- it can cost you BIG!!....

You get a Rock-Solid Guarantee!!

Look, this should make your life easier, not harder, so if this isn't the easiest enrollment process for you and your patients you've ever seen, just let us know in the first 30 days, and you can cancel - simple as that- No hard feelings!

This cost a lot of money and stress and to make a long story short I learned a lot of valuable lessons. My loss is your gain. Learn these valuable lessons so you never have to experience what I did.

Write this out and put it on your company letterhead. Don't change a thing in the verbiage. (it all fits on 1 page, too)

Here it is:

(Company Letterhead)

ASSIGNMENT OF BENEFITS, ASSIGNMENT OF RIGHTS TO PURSUE ERISA OR OTHER LEGAL AND ADMINISTRATIVE CLAIMS ASSOCIATED WITH MY HEALTH INSURANCE AND/OR HEALTH PLAN (INCLUDING BREACH OF FIDUCIARY DUTY) AND DESIGNATION OF AUTHORIZED REPRESENTATIVE

Assignment of Insurance Benefits and Appointment as Legal Authorized Representative

I irrevocably assign and convey all applicable health insurance benefits, if any, and all rights and obligations that I and my dependent(s) have under my health plan to the above-named Provider, their employees and their billing liaisons, regardless of their managed care network participation status, and I appoint them as my Authorized Representative with the power to:

1. File medical claims with the health plan
2. File appeals and grievances with the health plan
3. Discuss or divulge any of my personal health information or that of my dependent(s) with any third party including the health plan.
4. Institute any necessary litigation and/or complaints against my health plan **naming me as plaintiff in such lawsuits and actions if necessary** (or me as guardian of the patient if the patient is a minor)
5. Participate in any administrative and judicial actions and pursue claims or actions against any liable party, insurance company, employee benefit plan, health care benefit plan or plan administrator.
6. Obtain copies of Claims, Plan Documents and Summary Plan Documents
7. File Appeals with Employers after appeals are exhausted.

I am aware my health insurance, if any, does not absolve me of my responsibility for bills for services from Provider, and I am responsible for all amounts not covered, including co-payments, co-insurance, and deductibles.

Authorized to Release Information

I hereby authorize My Authorized Representative to: (1) release any information necessary to my health benefit plan (or its administrator) regarding my illness and treatment;(2) process insurance claims generated in the course of examination or treatment; and (3) allow photocopy of my signature to be used to process insurance claims.

Authorization

I hereby designate, authorize, and convey to My Authorized Representatives to the full extent permissible under law and under any applicable insurance policy and/or employee health care benefit plan: (1) the right and ability to act as my Authorized Representative in connection with any claim, right, or cause of action including litigation against my health plan (even to name me as a plaintiff in such action) that I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act as my Authorized Representative to pursue such claim, right, or cause of action in connection with said insurance policy and/or benefit plan (including but not limited to, the right and ability to act as my Authorized Representative with respect to a benefit plan governed by the provisions of ERISA as provided in 29 C.F.R. §2560.503-1(b)(4) with respect to any healthcare expense incurred as a result of the services I received from Provider and, to the extent permissible under law, to claim on my behalf, such benefits, claims, or reimbursement, and any other applicable remedy, including fines. This

constitutes an express and knowing assignment of ERISA breach and/or fiduciary duty claims and other legal and/or administrative claims

A copy of this Assignment/Authorization shall be as effective and valid as the original.

Signature: _____ Date: _____

Name: _____

Chart note Addendums along with **Patient Options for \$1**,
Remember, this is what you are getting:

1. **\$1 enrollment with Patient Options** for the first month and \$99/month thereafter- month to month. Remember this covers ALL providers in your office and is always **FREE** for patients to participate in. It allows you to give patients a compliant “self-pay” or “cash” discount without accusations of dual fee schedules. You’ve heard about us before, now try us out.
2. **ERISA Assignment of Benefits**, with all the specific verbiage, designations, and formalities with benefits. This is reflective of the most current case law on audit defense:
 - a. **30-day claim adjudication** (not some post payment review going back 1-2+ years to recover money and take you for every penny you are worth.) 29 C.F.R. §2560.503-1, 29 C.F.R. §2560.503-1(f)(iii)(B).
 - b. **Benefit of Full and Fair review** (meaning an auditor cannot sample a small size of files and then apply that error percentage rate to all your patients on file with that specific insurance company) 29 C.F.R. §2560.503-1(h)(1)
 - c. **Limited Power of Attorney** (to harass or sue the insurance company on behalf of the patient if they give you grief. Note this supersedes provider contracts limitations and they now take you more seriously)
 - d. **Prohibition of Retaliation** (insurance companies cannot withhold payment from you for monies “owed to them” from a post-payment review finding.) ERISA §510[29 U.S.C. § 1140]a) (3)
3. **SOAP note/chart note addendum** to help overcome the biggest issues we have in audits. Remember to use this on all SOAP notes and Chart notes. This is a huge preemptive attack on whomever asks for chart notes, and covers a lot of your bases on:
 - a. Medical necessity verbiage and affidavit citing federal law!
 - b. Poor documentation notice
 - c. Preemptive threat to “putting them on legal notice” if they harass you

Remember....This all fits together like a jigsaw puzzle, so it works seamlessly in your office. You can set it and forget it. Super easy.

Here's how you do it: To claim your discount and get your first month for only \$1, go to the online application here <https://patientoptions.org/application/> , and when you reach “Referral Code” in the online application, type: “**POMHONE**” and you will automatically be charged only \$1 for your first month. **We will email you the chart note addendum immediately.** Remember, If you don’t like us and think it’s the easiest program to use, you can quit because we are a month to month contract with our providers. You will be joining a network

of thousands of providers nationally serving hundreds of thousands of patients offering them access to **affordable care** in a **compliant manner**.

You can also **call us with questions at 866-275-5633**, and one of our onboarding superstars will take your call. Remember....Don't make the same mistakes I did- it can cost you BIG!!....
Join the movement!

Patientoptions.org... redefining health care in the 21st century

-Dr. Doug Luther
907-250-1391 (direct)

P.S. I make my direct phone number available in case there are any immediate questions providers have. I'll help you out any way I can.