

Financial Policy

The patient or responsible party is responsible for payment of all charges. Payment is due at the time of service. The following statement explains our financial policy that we ask you to read, sign and return to us prior to receiving our service.

Acceptable Payments

Credit cards (Visa, Master or American Express), Cash or money order in US fund.

Direct payment from insurance through assignment.

We do not accept any third party payment other than insurance assignment unless a written authorization signed and dated by the payer is received by us or the payer is physically present at the time of payment and signs the receipt.

Cash payment

If a patient makes cash payment for our service, a receipt and, if applicable, billing information for the patient to bill insurance will be provided. The patient shall determine the extent of disclosure of medical information to the insurance. If provision of such billing information requires excessive labor and material, the patient may be charged for the labor and material at our discretion.

Insurance

Billing insurance for our service is complex and costly. If the patient authorizes us to bill insurance for our service, she or he is responsible for

- providing accurate, complete and up to date personal and insurance information prior to receiving service,
- paying all applicable co-pays, coinsurances, deductibles and account balances at the time of service, and
- signing the <u>Patient Insurance Authorization Form</u>.

Billing insurance is part of our service to our patients. The patient or guarantor is ultimately responsible for all charges, including those not covered by the insurance. It is the responsibility of the patient or guarantor to understand and comply with any predetermination of benefits or referral requirements of her or his insurance. Some, and perhaps all, of the services we provide may be deemed medically unnecessary by your insurance and, therefore, are not covered.

Usual and Customary Fees

We believe the fees for our service are reasonable and customary. We believe our fee schedule is competitive for our specialty in our region. Neurology Specialists, PA participates in Medicare and many commercial insurance plans. With the participated plans, we accept their assignment as the fee for our service.

Missed Appointments

Unless an appointment is canceled at least 24 hours in advance, \$100 is charged for a missed appointment for new patients and \$50 for established patients. This fee is not billed to any insurance and it is entirely the patient's responsibility.

Past Due Accounts

Overdue accounts are referred to our collection agency. Legal fees that we pay to secure past due balances are added to the account.

Returned Checks

The fee for a returned check is \$25.

Form Fee

The fee for filling out a third party form by our physician and staff is \$40. For lengthy and complex forms, additional fees may apply at our discretion.

Medical Record Fee

The fee for reproducing medical record is \$1 per page for the first 25 pages. Additional pages are charged at \$0.25 per page. The patient is responsible for the cost of packing and delivery. We waive this fee for releasing pertinent medical information to other physicians who provide medical care to our patients.

I have read the Financial Policy. I understand and agree to the Financial Policy.

Print Name

Signature

Date