

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.

	Credit cards (Visa, Master or American Express), Cash or money order in US fund. Direct payment from insurance through assignment. e do not accept any third party payment other than insurance assignment unless a written authorization signed and dated by the payer is beived by us or the payer is physically present at the time of payment and signs the receipt.
If a	sh payment a patient makes cash payment for our service, a receipt and, if applicable, billing information for the patient to bill insurance will be ovided. The patient shall determine the extent of disclosure of medical information to the insurance. If provision of such billing information quires excessive labor and material, the patient may be charged for the labor and material at our discretion.
	surance ling insurance for our service is complex and costly. If the patient authorizes us to bill insurance for our service, she or he is responsible
	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 Patient Insurance Authorization Form.
co or	ling insurance is part of our service to our patients. The patient or guarantor is ultimately responsible for all charges, including those not vered by the insurance. It is the responsibility of the patient or guarantor to understand and comply with any predetermination of benefits referral requirements of her or his insurance. Some, and perhaps all, of the services we provide may be deemed medically unnecessary your insurance and, therefore, are not covered.
We reg	cual and Customary Fees be believe the fees for our service are reasonable and customary. We believe our fee schedule is competitive for our specialty in our gion. Neurology Specialists, PA participates in Medicare and many commercial insurance plans. With the participated plans, we accept eir assignment as the fee for our service.
Un es	ssed Appointments less an appointment is canceled at least 24 hours in advance, \$100 is charged for a missed appointment for new patients and \$50 for tablished patients. This fee is not billed to any insurance and it is entirely the patient's responsibility.
	st Due Accounts erdue accounts are referred to our collection agency. Legal fees that we pay to secure past due balances are added to the account.
	e fee for a returned check is \$25.
Th	rm Fee e fee for filling out a third party form by our physician and staff is \$25. For lengthy and complex forms, additional fees may apply at our ccretion.
Th res	edical Record Fee e 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 sponsible for the cost of packing and delivery. We waive this fee for releasing pertinent medical information to other physicians who byide medical care to our patients.
Ιh	ave read the Financial Policy. I understand and agree to the Financial Policy.
Pri	nt Name Signature Date

Acceptable Payments