

## FINANCIAL POLICY

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. We are committed to providing you with the best possible medical care. The following is our financial policy:

### **PAYMENT:**

1. All co-payments, coinsurance and deductibles are due and payable at the time of service, regardless of who brings the patient in for the appointment. Sitters, grandparents, divorced parents, etc., must be prepared to pay at the time of service. The Clinic for Neurology, P.A. accepts cash, checks, debit cards, Discover, MasterCard, and VISA. We reserve the right to assess a service charge to accounts that require multiple billing for co-payments.
2. There is a \$35 service charge for returned checks. We reserve the right to report returned checks to the Madison County District Attorney's Worthless Check Unit. After receiving two returned checks, The Clinic for Neurology, P.A. will only accept cash or credit card as payment for future balances.
3. If you need financial assistance or have questions, please contact our Billing Department.
4. If you fail to meet financial obligations agreed upon in this financial policy or other payment arrangements made with The Clinic for Neurology, P.A., your outstanding balance will be sent to a collection agency and you will be required to pay the entire amount plus any collection agency fees before being scheduled for any further appointments.
5. Overpayments will be refunded after all charges have been processed and paid by your insurance company. A refund check will be written and mailed within 30 days of your written or verbal refund request.

### **INSURANCE**

1. Our office participates with a variety of insurance plans. It is your responsibility to:
  - Bring your insurance card to each visit and notify us of any changes.
  - Know your co-payment amount and be prepared to pay this amount at each visit.
  - Know your insurance company benefits (physical exam coverage, diagnostic testing co-payment amounts and pre-certification requirements, etc.)
  - If you are enrolled in a Managed Care Insurance Plan (HMO) it is YOUR responsibility to obtain or ensure a referral is supplied to our office from your PCP or primary care physician prior to the time of your appointment. Without this referral, you cannot be seen by our physicians.
2. If your insurance coverage is through a plan that we do not participate with, our office is happy to file the claim for you upon request as a courtesy. However, you are responsible for payment in full at the time of service and you will be reimbursed upon payment being received from your insurance company in the event that the payment is not made directly to you.
3. We file secondary insurance claims as a courtesy. If your secondary insurance has not paid within 60 days of our first filing, you automatically become responsible for the balance of unpaid charges.

I have read and understand "The Clinic for Neurology, P.A. Financial Policy". I agree to assign insurance benefits to The Clinic for Neurology, P.A. whenever applicable. In the event of nonpayment or default, I am responsible for all costs of collection, including, but not limited to, collection agency fees, court costs and reasonable attorney fees. The Clinic for Neurology, P.A. reserves the right to change or amend this financial policy at any time and at its discretion.

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Signature of Patient/Responsible Party

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Printed Name of Signer

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Patient Name / Patient Date of Birth

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Today's Date