

Neurosurgical Associates
FINANCIAL & ADMINSTRATIVE POLICIES

- ✓ **Insurance Billing:** As a service to our patients, Neurosurgical Associates is more than willing to directly bill your insurance for services rendered, but it is our policy that the patient is ultimately responsible for payment of the services received from Neurosurgical Associates. Furthermore, the patient is responsible for understanding their insurance coverage in relation to covered services and is responsible for providing Neurosurgical Associates with the most current insurance information (.i.e. Insurance card, Spouse's information, etc.). This includes patients providing their insurance with the appropriate information needed in order to process your bills accordingly (.i.e. coordination of benefits, pre-existing information requested, surveys needed, etc.). Patients who do not bring their insurance card for their appointment may be asked to pay for the services rendered. If and when the insurance is billed and payment has been received, Neurosurgical Associates, will gladly refund any credits due the patient.
- ✓ **Patient Balances** are due 30 days after the first statement has been sent out. Alternatively, the patient must make acceptable payment arrangements by contacting the Billing Department at Neurosurgical Associates. Balances may be paid by via cash, check, money order, Visa, or MasterCard.
- ✓ **Unpaid Balances:** If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Office Manager at Neurosurgical Associates to make acceptable arrangements. Neurosurgical Associates reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including contingency fees and court costs, will be added to the patient's account balance. After accounts are placed with collection agencies, all patient visits and procedures will be on a cash only basis. Neurosurgical Associates reserves the right to discharge a patient from our practice if balances are not paid.
- ✓ **Service Charge:** Neurosurgical Associates reserves the right to assess a 35% service charge to a patient account, if sent to a collection agency, for any unpaid patient balance over 30 days after the insurance coverage has paid. No service charges will be assessed to a patient account where the patient has made payment arrangements with the Billing Department and payments are being made as agreed.
- ✓ All insurance co-pays are due at time of service; patients may be re-scheduled if the co-pay is not made.
- ✓ Patients who are not on time for their scheduled appointment may be re-scheduled to a later date.
- ✓ Neurosurgical Associates will charge the patient account \$35.00 for any returned checks to cover the cost of the associated bank charges.

Authorization for Treatment & Financial Agreement:

I authorize treatment of the patient named below and agree to pay all fees and charges for such treatment. Charges shown on statements are considered to be correct unless notification is received in writing within 30 days of statement date. I agree to pay all charges within 30 days of statement date. I agree to assign my insurance benefits to Neurosurgical Associates if applicable.

I have read and understand these policies and hereby acknowledge receipt of a copy of this form.

Signature and Date

ALL QUESTIONS CONCERNING THESE POLICIES SHOULD BE DIRECTED TO THE ADMINISTRATOR

January 2011