

**NEUROLOGICAL AND SPINAL SURGERY, LLC
FINANCIAL POLICY**

Thank you for choosing Neurological and Spinal Surgery, LLC. The following is a statement of our Financial Policy. All patients must accept our financial policy guidelines before receiving treatment. Please understand that full payment of your bill is considered a part of our treatment.

REGARDING YOUR INSURANCE: As a courtesy to you, we will submit medical claims to your insurance company. **Any balance after the processing of our claim by your carrier is your responsibility.** You will receive a statement for your balance. A \$5 statement fee will be assessed after your 5th statement. Your insurance policy is a contract between you and your insurance company. You are responsible for verifying if providers are in-network with your insurance company. It is your responsibility to know your insurance benefits. Your insurance may not cover all of the services provided to you.

WHEN SURGERY/ PROCEDURE IS RECOMMENDED: You will be contacted by our staff to discuss estimated out of pocket costs and help you make payment arrangements if necessary. We will give you our best estimate based on the recommended procedure and the information received from your insurance company although actual balance may vary. For procedures with a 90 day global period there will be no charge for follow-up visits. This does not apply to radiological services.

SELF-PAY PATIENTS: You will be required to pay a pre-determined down payment at time of service for office visits based on the type of service; consultation, new patient visit or established visit. You will be balance billed if the actual charge is higher than the required pre-payment. Financial arrangements must be made prior to any other services including a minimum down payment of 1/3 of the total estimated charges for radiology and surgical procedures. There may be additional charges based on the actual procedure. Discounts are available for full payment of the estimated amount prior to your procedure. If there are additional charges you will be balance billed at the discounted rate.

WORKERS COMPENSATION: **All workers compensation visits must be authorized before your visit or you will be held responsible for payment at time of service.** You must provide us with the Workers Compensation Carrier information including name of carrier, address, phone number, contact person, claim number and date of injury. If your claim has not yet been accepted by work comp we can bill your health insurance, if available, but you will be responsible for any unpaid balance.

PERSONAL INJURY: **We do not bill attorneys or wait for settlements.** You will need to use your health insurance if available or you will be considered self-pay. If using your health insurance you will be responsible for payment of all copays, deductible and coinsurance amounts. You can also use medical payments from your auto insurance if available.

COLLECTIONS: We reserve the right to forward your account to a collection agency if it is determined to be uncollectible. An administrative fee will be applied to your account if it is turned over to collections.

I have read, understand and agree to the above financial policy for payment of professional fees. My signature represents knowledge and understanding of the above policy.

Patient or Guarantor Signature: _____ *Date:* _____

Print Name: _____ *Date of birth:* _____

DEFINITIONS below are defined by your health insurance plan and are the financial responsibility of the patient or guarantor:

Copayment: A fixed dollar amount set by your insurance contract that is to be paid at the time of office visit.

Deductible: An annual dollar amount established by your insurance plan that is deducted from insurance benefit.

Coinsurance: A percent set by your insurance plan that is deducted from insurance benefits up to a determined amount. Usually 10% - 30%.

Guarantor: Person responsible for the debt of a minor or other person for which they are the legally assigned guardian.