



NEUROLOGY AND SPINE CENTER

Financial Policy

A photo I.D. and proof of insurance, if applicable, must be presented before being seen by the provider. If you are unable to validate proof of insurance, you will be responsible for full payment.

Full payment for guarantors out of pocket (co-payments, co-insurance and deductible) are due at the time of service. Neurology and Spine Center utilizes the services of an independent billing company.

You are entitled to a summary of the services for each office visit. If you would like this information, please request this at check out.

Neurology and Spine Center accepts the following forms of payment; Cash, Check, Credit Cards (Visa, MasterCard, etc.). Payment is expected and due at the time services are rendered.

PRE-CERTIFICATION POLICY

Neurology and Spine Center does not assist with Insurance pre-certification requirements and will not assume responsibility for pre-certification or any impact which it may have on insurance payment. It is your responsibility to know which services or diagnostic facilities are covered by your benefits.

As a courtesy to all of our patients, we will file the medical insurance claim form with your insurance carrier or Medicare. To help us better serve you, please let us know when you change your insurance plans or have a change in benefits.

Medicare Patients

The physicians of Neurology and Spine Center are proud to be “Participating Providers” of medical services under the Medicare program. As “Participating Providers”, we agree to accept an amount of payment equal to the Medicare “allowable” for covered services. Medicare pays 80% of the allowable, and the patient, or the patient’s secondary (supplemental) insurance, is responsible for paying the remaining 20% of the allowable amount and any deductibles. The patient is responsible for full payment of any non-covered services. Please note that Medicare imposes annual payment limitation on the amount of physical and occupational therapy you may receive.

Medicare submits claims directly to some supplemental insurance carriers including those connected to the Medigap Program. We will file claims with other supplemental insurance carriers that pay Neurology and Spine Center directly. Otherwise, you will be required to pay the 20% patient responsibility, along with any unmet deductible and any non-covered services at the time of each visit and then you may file your claim directly with your supplemental insurance carrier. **Medicare replacement Plans:** In addition to the traditional insurance carriers and Medicare, we are contracted with several Medicare Replacement Plans. These are primary Medicare insurance plans and not Medicare Supplemental Plans. If your individual plan meets these requirements, we will gladly accept the Medicare Replacement Plan.

Medicaid of Florida

Please be aware the Neurology and Spine Center does not participate with the Medicaid of Florida program.

Auto Insurance

We will bill your Auto Insurance Carrier as a courtesy for all medical expenses for services rendered through your PIP benefits if all the appropriate insurance information is provided and received by our office. Once your auto insurance benefits have been exhausted, you may convert your treatment coverage to your health insurance carrier. However, please be aware that your health insurance coverage information must be provided at the

commencement of your treatment plan. Your health insurance carrier may also require notification at this time. If this information is not provided at the commencement of treatment, Neurology and Spine Center will not be held responsible to submit your claim to the secondary insurance plan due to timely filing issues. Note that you may be responsible for any co-pays, or deductible. If you do not elect to utilize, or if health insurance coverage is not available as a separate policy, you will be held responsible for the balance not covered by your auto insurance carrier. Our office will make every effort to secure the benefits available within these guidelines.

Attorney Cases

Neurology and Spine Center does not accept Letters of Protection (LOP)'s.

Workers' Compensation

The patient is responsible for providing information relating to the Workers Compensation coverage. If we receive a denial from your employer, or workers compensation carrier and/or the injury is deemed not work related, and if the claim is not under appeal with the workers compensation carrier, we will bill your group health insurance company on record. If both the workers compensation carrier and the health insurance company deny the claim, the remaining unpaid balance will be your responsibility.

Managed Care Contracts

We currently participate with some managed care insurance programs. If you are covered by one of these programs, you will be required to pay any co-payments, unmet deductible or non-covered services at the time of each visit. You must present your insurance identification card at check in and advise us that you are covered under a managed care program. As with any insurance policy, if your managed care administrator has not paid your account within 45 days, the balance will automatically become your responsibility.

Private Insurance

Your insurance policy is a contract between you and your carrier. We are not associated or party to that contract. The bill from your physician is your responsibility whether or not your insurance company issues a payment for services rendered. We will, as a courtesy, file your claim to your insurance carrier if you authorize payment directly to Neurology and Spine Center. In that case, you will be asked to only pay the co-payment and your unmet deductible at the time of your visit. If your insurance carrier has not paid your account within 45 days, the balance will automatically become your responsibility.

Additional Document Requests

Any additional forms that you are requesting the physician complete, will be assessed a SELFPAY rate to be determined upon review of the documents requested.

Patient no-show and cancellations within 24 hours will be assessed \$50.00 fee

The patient/guarantor is ultimately responsible for any outstanding balances on the account unpaid by the insurance carrier, co-payments, co-insurance, deductibles, out of network penalties, non-covered services or items or pre-certification not met penalties. Monthly payment arrangements may be established through the billing company.

I have read, understand and accept my financial responsibilities under this financial policy. I agree that ultimately, my outstanding account balance is my responsibility.

Print Patient/Guarantor Name: _____

Patient/Guarantor Signature: _____ Date: _____

Witness : _____ Date: _____