

# NEUROSCIENCE & SPINE ASSOCIATES, P.L.

## PATIENT FINANCIAL POLICY

As health care providers we are committed to providing our patients with the best medical care possible. As a business, we are committed to providing a streamlined fiscal process that allows our patients to clearly understand their financial responsibility. Our Business Office is committed to providing outstanding customer service for all financial questions, and our professional staff members are experts working with commercial insurance companies, Medicare, and Workers' Compensation.

### Identification

- Proper identification must be presented prior to service being rendered.
- Current insurance cards must be presented prior to service being rendered.

### Commercial Health Insurance

- Co-Payments
  - Insurance companies require that co-payments are collected prior to service.
- Co-Insurance/Deductibles
  - New co-insurance or deductible amounts will be billed after the date of service.
  - These amounts can only be calculated after your appointment.
- Non-Participating Insurance
  - NASA does not contract with every insurance company.
  - Patients are responsible for asking if NASA is a participating provider with their insurance company.
  - NASA will bill non-participating insurances. However, outstanding balances are the responsibility of the patient.
- Secondary Insurance – as a courtesy NASA will file to your secondary insurance carrier one time.

### Medicare

- NASA will submit claims to Medicare, however you may need to sign an ABN form for non-covered services.
- NASA will submit to Medicare as your secondary insurance carrier one time.

### Workers' Compensation

- Patients are financially responsible for medical services related to Worker's Comp.
- Patients will supply WC contact information prior to services being rendered.

### Motor Vehicle/Third Party Liability

- Patients are financially responsible for medical services related to motor vehicle accidents.
- Patients shall supply auto insurance, third party, and/or attorney information as requested by NASA.

### Self-Pay

- Self-pay account exist if patient has no insurance coverage.
- Full payment is due at the time of service for all self-pay patients

### Statements/Payments

- Statements
  - Statements are sent to patients on a monthly basis and will show outstanding balances.
  - After insurance pays, patients are responsible for all outstanding balances.
- Payment Methods
  - We accept all major credit cards, checks, money orders, and cash.
  - Low interest payment plans are available. Patients need to discuss options with the Customer Service Representative.
- Returned Check Fees – a fee of \$25.00 will be charged for all returned checks.
- **Durable Medical Products (DME) purchased in our office are non-refundable.**

I hereby assign, to Neuroscience & Spine Associates, payment of medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand I am financially responsible for all charges whether or not they are covered by my insurance policy, as well as any co-payments or co-insurance.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_