

# Advanced Neurosurgery

## NOTICE OF FINANCIAL/OFFICE POLICIES

Welcome to Advanced Neurosurgery and thank you for choosing us as your healthcare provider. To orient you to our practice we have prepared this information. Please take the time to read it and keep it in a place where it can be easily accessed. Failure to read the information provided will not be accepted as a reason for not following the guidelines of the practice. The purpose of this policy is to help you understand what is required to maintain a smooth operation and build a satisfactory relationship with your physician and staff.

It is our goal to provide our patients with the very best healthcare available anywhere. To accomplish this goal requires your cooperation and willingness to know and follow the practice guidelines. By doing so, you will allow us to serve you in a professional and expedient manner.

Though we provide medical services, we are also a business and expect payment for these services. We are not a free clinic and are not subsidized by any state or government agency. Whether you do or do not have insurance, you are ultimately responsible for payment of your charges. Please do not ask us to waive or reduce our fees or alter visit codes. The alteration of visit codes to get an insurance company to pay for a service not covered is insurance fraud and we will not be a party to such actions.

- 1) We ask that you present your method of payment at each visit. It is your responsibility to provide the correct information to bill you or your insurance company.
- 2) If you have a change of address, telephone number, or employer, please notify the receptionist and we will give you a form to update your information.
- 3) We will collect your deductible, co-payment, or charge for non-covered service along with any balance owing after insurance payment for previous service at the time of your visit. We accept cash, credit card and personal check.
- 4) You must present your insurance card at each visit. Your co-pay must be paid prior to any services being rendered. A \$9.00 billing fee will be added if you cannot pay your co-pay, deductible, or plan percentage at the time of service.
- 5) There is a \$35.00 fee for checks returned for any reason.
- 6) **MEDICARE PATIENTS:** We are a participating provider for Medicare and will bill Medicare for all covered charges. If you have supplemental insurance, we will also bill that for you. If payment is not received from your supplemental insurance within 60 days of being submitted, we will bill you for the balance due. If you do not have supplemental insurance, your portion, which is 20% of the amount allowed by Medicare, will be collected at the time of service. All non-covered charges will be your responsibility.
- 7) **HMO-PPO PATIENTS:** If we participate with your plan, we will bill your insurance for you. Your co-pay will be collected at the time of service. If your plan requires you to choose a primary care physician (PCP), it is your responsibility to make sure your insurance has the physician you are seeing in our office as your PCP. We cannot change the name of your physician for you. You will be held responsible for the bill if you fail to change your PCP or present us a card with a different PCP's name.
- 8) **MEDICAID PATIENTS:** Medicaid patients must present a valid Medicaid card or pay a \$60.00 deposit prior to services being rendered towards that visit's fees. The deposit will be returned upon presentation of the valid Medicaid card for dates of service.
- 9) **SELF-PAY PATIENTS:** Self-pay patients or uninsured patients must make a \$100.00 deposit prior to service being rendered.
- 10) **NO-SHOW OR MISSED APPOINTMENTS:** If you fail to keep an appointment, a \$30.00 no-show fee will be billed to your account. No-shows keep other patients from being seen. We understand that there may be times when you are unable to keep an appointment; however, we ask the courtesy of a phone call to cancel your appointment. We require 24 hours working notice to cancel an appointment or you will be charged the no-show fee. Appointments can be cancelled by calling 323-6100 twenty-four hours a day, seven days a week. We make every effort to make a confirmatory call regarding your appointment, however, it is your responsibility to know the date and time of your appointment. No confirmation call does not excuse the no-show fee.
- 11) If you are late for your appointment, you will have the option of waiting until we can work you back in the schedule or be reschedule for another time.
- 12) We apologize in advance if you have to wait past your scheduled appointment time but we want to spend the necessary amount of time with you. We make every effort to schedule appointments for the correct amount of time but we sometimes run into situations that take more time than expected which is beyond our control. Your patience and understanding are appreciated.
- 13) We will make every effort to help you with whatever problem you may be having that concerns our office but we need your cooperation and assistance to obtain that goal. Please provide us as much information as you can to help us to satisfactorily solve the problem.