

Financial Policy

Insurance coverage and payment responsibility issues can be complex and confusing. To avoid any misunderstanding, we have established the following financial policies.

Insurance Coverage

Our office is **required** by our contract with your insurance to collect co-payments and deductibles for services at the time they are rendered. We accept cash, personal checks, and debit/credit cards (Visa and MasterCard). Please note, even though we may accept your insurance, this may not always mean we are in-network. It is your responsibility to check with your insurance provider to make sure we are in-network. If not, you may be responsible for any unpaid balances.

Authorization and Referrals

If your insurance policy requires an authorization or referral from your primary care physician, it is your responsibility to ensure this has been completed.

Self Pay

If you have no insurance or proof of a valid insurance card, Iredell NeuroSpine/Miller NeuroSpine requires a \$200 deposit prior to treatment. Please note, the \$200 is **NOT** a flat fee. It only covers a portion of the new patient visit charge. If you have a follow up appointment, you will also be responsible for any charges incurred on that date of service.

Worker Compensation

Iredell NeuroSpine/Miller NeuroSpine will verify coverage of work-related claims prior to treatment. Make sure that you provide the office with a contact name and phone number of your employer or claim carrier. A claim number is pertinent at the time service is rendered. If you cannot provide us with this information, we will have to reschedule your appointment until information is available or we will be more than happy to file your insurance. Any claims that are disputed by employer or not paid will convert to your responsibility. We will ask for your health insurance card to keep on file in case your claim is determined to not be employment related.

Litigation, Liability, Auto Insurance

Iredell NeuroSpine/Miller NeuroSpine does **NOT** file to third party liability insurance, nor will we wait on settlements from litigation to pay for services rendered. We will file your health insurance for services. If needed, we will provide you with an itemized statement of charges for you to present for reimbursement from the third party.

Surgical Procedures

We will work with you to calculate a pre-payment deposit for surgical procedures. This payment amount will consist of any remaining deductible you still owe and co-payment amount of surgery. We offer various methods of payment including cash, check, debit cards and credit cards.

I have read, understand, and agree to the above financial policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles are my responsibility.

Signature of Responsible Party (Guarantor if patient is a minor)

Date

Witness (**Office Staff**)

Date

(Feb 2012)