

## PATIENT FINANCIAL POLICY

Thank you for choosing of Midessa Neurosurgery and Complex Spine as your health care providers. We are committed to providing you with quality Neurosurgery and Spine care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. If you have any questions about our fees, our policies or your financial responsibilities, please do not hesitate to contact our office. Please take time to carefully review the following information and return this form to the front desk with your signature and today's date.

We require that all patients read our patient financial policy and complete our Patient Financial Responsibility Contract prior to seeing our providers. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc.).

### INSURANCE

We will ask for and copy your insurance card and driver's license at your first visit. Please bring your current insurance card and driver's license to each visit. We will ask to verify the card. If current information is not obtained at the time of service, it will become the patient's responsibility to pay the entire balance until current information is provided to our office. Your insurance policy is a contract between you and your insurance company. Midessa Neurosurgery and Complex Spine and our providers are not a party to the contract between you and your insurance company. As a courtesy, we file all your claims for you. However, we will not become involved in disputes between you and your insurance carrier. This includes, but is not limited to, deductibles, co-payments, non-covered charges and "usual and customary" charges. We will supply information as necessary. You are ultimately responsible for the timely payment of your account. If your insurance company does not pay your claim in full within 30 days, we ask that you contact the insurance company to request prompt payment and to inform our office of their response. Again, the bill is ultimately your responsibility.

### CO-PAYS

The patient is expected to present an insurance card at each visit to determine any changes in eligibility or co-pay assignments. All Co-payments and any past due balances are due and payable at the time you check in PRIOR to your being seen by our providers.

### DEDUCTIBLES, CO-INSURANCE AND ESTIMATES

As a courtesy to you, our billing team spend several hours every day on the phone with your insurance company to obtain pre-authorization, and estimate your financial responsibility for clinic visits, treatments, and proposed procedures. This amount is an estimate, and will depend on your deductible, co-pay, co-insurance and contracted fee schedule. We will communicate this amount to you. The following policies apply:

- Balances related to unmet deductibles and estimation of co-insurance, as per the contract you have with your insurance, is to be paid at the time of service. (e.g. for clinic visits, it means payment at or before check in. Payments can be made via patient portal)
- For surgical and in-office procedures, an estimation of patient responsibility will be provided to you and is to be paid in full PRIOR to services being rendered. (e.g. patient responsibility for an elective procedure will be collected prior to the procedure date or your procedure date may be rescheduled)
- Additional balances due, if applicable, will be billed to you after the insurance carrier has processed the claim.
- We recognize that determining expected out-of-pocket expenses can be complicated in some insurance coverage packages. Based on the information provided by you and your insurance carrier(s), we will determine the payment expectation. Once the carrier's responsibility has been determined to be satisfied, any credit on your account will be refunded within 30 days from the carrier's final payment. Refund checks are void after 6 months.

### REFERRALS

If your insurance has designated a primary care physician (PCP), you are required to have a referral and prior authorization from your PCP prior to your clinic visit. We will work to obtain these authorizations prior to your appointment from you PCP, but your participation and cooperation with your PCP as necessary.

### UN-PAID/OUTSTANDING BALANCES (Collection Agency/Bankruptcy)

Payments are to be made at the time of service unless prior arrangements have been made through our office staff in advance of your appointment. Any overdue balances may be processed to a collection agency for recovery of delinquent balances. If the account is referred to a collection agency, this may result in dismissal from the practice and/or the inability to schedule an appointment. We reserve the right to attach collection fees associated with recovery of an individual account to that account balance. All balances not paid by your insurance carrier will be billed to you. Questions about how your

claim was processed are to be directed to your insurance carrier. Filing of bankruptcy, resulting in the waiving of balances due to the physician, constitutes a breach in our financial policy and could result in dismissal from the practice or delay in scheduling an appointment.

### **NONPARTICIPATING INSURANCE PLANS**

While we accept most major insurance carriers, we do not accept all insurance plans. If you have any questions about insurance companies we accept, please call our office to discuss with our staff.

### **MEDICAL RECORDS**

We will provide an initial copy of your medical records free of charge to you. Any additional sets of medical records will require a nominal fee of \$25. Medical records sent to a third party require a \$25 charge for the first 20 pages, and 50 cent/page for additional pages thereafter, plus postage. A medical record release form must be signed for any release of information. Please allow 15 days for medical records to be printed and mailed out. Please refer to our Notice of Privacy Practices in compliance with HIPPA regulations for guidelines on how your personal health information is protected. All patient encounters may be monitored and recorded for quality assurance purposes, including telephone calls and office visits.

### **DISABILITY/FMLA**

Filing of Disability or FMLA forms requires a nominal fee of \$25 prior to completing the forms. Please allow 15 days for forms to be completed, signed and mailed after payment has been received. Each additional request is treated and billed separately.

### **PRESCRIPTION REFILLS**

Refill authorizations must be requested by dispensing pharmacy. Prescription calls received after 3pm or on weekends will be addressed the next business day. Pain medication will be managed for 90 days postoperatively. Pain management referral may be made prior to 90 days.

### **MINORS**

The parent(s) or legal guardian is responsible for full payment and will receive the billing statements. A signed consent to treat is required.

### **SELF PAY**

Patients are responsible for payment in full at the time of service for all services rendered. If you have a high balance, discuss with our staff for payment options.

### **RETURNED CHECKS**

The charge for a returned check is \$35.00 payable by cash, money order or card (no checks accepted). This will be applied to your account in addition to the insufficient funds amount.

### **MISSED APPOINTMENTS**

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your appointment, we request, at minimum, a 48-hour notice. This means 2 full business days. Failure to provide notice will result in a \$25.00 missed appointment charge. This charge is the responsibility of the patient and is not covered by any insurance carrier. A second consecutive missed appointment will attract \$50 penalty. A patient will be dismissed from our practice for three (3) missed appointments.

### **PAYMENT METHODS**

We offer convenient ways to pay your bill

- By visiting our website [www.midessaneurosurgery.com](http://www.midessaneurosurgery.com) and click on "Pay bill Online" button.
- By signing up for our patient portal and submitting payment through the ONLINE BILL PAY option.
- You can always Call our Office during business hours and one of our staff will be delighted to assist you with the payment.

### **FORMS OF PAYMENT**

Cash, checks, Visa, Mastercard, American Express and Discover.

### **QUESTIONS**

Patient statements are sent and provide details about dates of services and balances due. Please call our office with any questions or concerns about your statements.