

Selkirk Neurology, PLLC 2018 Patient Financial Agreement & Payment Policy

MEDICAL INSURANCE Current Insurance Card(s) and Photo ID are required at time of service.

To process claims to your insurance company for services provided by our office, understand it is your (*the patient*) responsibility to provide current and accurate information to our front office for billing. If out of date or incorrect information you provide prohibits processing, we reserve the right to charge patient accounts a \$30 processing fee to file again.

Submission of Claims is not a guarantee of payment. You are responsible for all amounts deemed patient responsibility by your insurance company, along with any fees NOT covered by your carrier.

Medical Insurance Coverage is a contract between you and your insurance company.

Selkirk Neurology, PLLC will not be involved in disputes between you and your insurance company regarding deductibles, co-pays, covered charges, secondary insurance, usual and customary charges, etc. other than to supply factual information as required.

Provider Coverage Selkirk Neurology, PLLC is not responsible for ensuring that our provider is covered under your plan provisions. If you have any doubt or questions, contact them to verify our providers participate with your plan **before your scheduled visit**.

DEDUCTIBLES / CO-PAYMENTS / CO-INSURANCE / CASH PAY OPTIONS

Selkirk Neurology, PLLC requires we collect the appropriate amount due at time of service.

This may be your co-payment (*co-pay*), a deductible and/or co-insurance according to your plan(s).

A 50% adjustment of billed services is offered to patients for non-procedure office visits not covered by insurance. **This fee is due at time of service** and may not apply to procedures and toxins.

Referrals and Authorizations must be obtained **PRIOR** to your scheduled appointment.

Patient agrees to provide authorizations numbers and/or referral forms for each visit and/or procedure and is financially responsible for all charges not authorized or covered.

PAYMENT AGREEMENT / METHODS Patient balances are to be **paid in full upon receipt**.

Payment plans for balances over \$200 should be established by contacting our billing office within 15 days of statement date. Unpaid balances or payment plans that default from agreed payment arrangements may result in dismissal from our clinic or delay in scheduling.

There is a \$30 NSF fee on all returned checks. An account management fee of 18% may be added to balances carried over 30 days without an agreed upon payment arrangement. Unpaid balances over 90 days will be turned over to collection. We accept cash, check, MasterCard, Visa, Discovery, and American Express with Photo ID.

CANCELLATION/NO-SHOWS Selkirk Neurology, PLLC requires a **48-Hour Cancellation Notice** to prevent patients from being charged a **\$50 "no-show" fee**. Recurring missed appointments may affect future scheduling. Patient's checking-in over 10 minutes past appointment may be rescheduled.

Acknowledgement and Signature I have read the above terms and agree, that regardless of insurance coverage, I am fully responsible for payment of my account in a timely manner. I agree to pay all such costs / fees, including, but not limited to collection costs, attorney fees and all court costs.

X _____

Print Name

SIGNATURE

DATE