

FOUR PEAKS NEUROLOGY

PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing **Four Peaks Neurology [FPN]** as your care provider. Please read carefully each statement and sign. As you may be aware, the current medical environment has resulted in employers and individuals selecting health care insurance policies that have increasingly transferred costs and more responsibilities to you, the insured. Furthermore, most insurance plans require deductibles and copayments not known to you or us at the time of your visit. The financial policy is intended to eliminate financial confusion and misunderstanding between our patients and the practice. Your complete understanding of the financial policy is an essential element in your care and treatment.

INSURANCE: Due to the large number of insurance plans and policies, it is the patient's responsibility to know services covered by your plan. It is your responsibility to verify with your particular plan that FPN physicians are in network. **FPN** will verify insurance eligibility but we cannot verify that our physicians are in each individual's network. While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay any copay, deductible, coinsurance or non-covered amounts not paid by your insurance company, prior to receiving services. It is the patient's responsibility to clearly know and identify their primary insurance and their secondary insurance if this exists. Any confusion created by the patient with respect to multiple insurance plans resulting in non-payment of covered services immediately become the patient's responsibility. **FPN** will provide you with your itemized statement in order to bill your respective insurances. **FPN** as of 1/1/2016 does not accept or bill tertiary insurance policies. **FPN** will bill only once and when necessary will appeal once. Services during gaps in insurance coverage are your responsibility.

PRIVATE PAY/SELF-PAY PATIENTS: If you choose this option payment is due at the time of service.

NON-INSURANCE PAYMENT: If your insurance does not issue payment within 30 days of the date that services are provided, the entire balance will become your responsibility.

NON-COVERED SERVICES/ELECTIVE PROCEDURES DEEMED MEDICALLY UNNECESSARY: Please be aware that certain services you receive may not be covered and/or may be considered "unreasonable" or "unnecessary" by your insurer. If, your insurance plan determines that a particular service is not reasonable and necessary the insurance will deny payment for that service. The patient will be personally and fully responsible for payment of that service.

CHANGING INSURANCE CARRIER OR POLICY: Prior to your appointment it is your responsibility to notify **FPN** and provide new insurance information to ensure proper claim submission.

PAST DUE BALANCES: Any balance more than 2 weeks (15 days) old will be considered past due. Once a balance is past due payment will be required prior to your next appointment. Please pay your balance via the **FPN** Patient Portal, telephone or mail. Failure to make payment on a past due balance before your next scheduled appointment will result in the cancelation and rescheduling of your appointment. Your account balance must be zero prior to your next visit with the physician. If your account becomes past due we will take the necessary steps to collect this debt. A \$25 dollar monthly statement fee will apply to any balance not paid within 30 days of the initial statement. If we have to refer your account to a collection agency a \$50 collection agency fee will be added to your outstanding balance. If you have questions regarding outstanding balance you may contact billing office at **FPN** to set up a payment plan. Credit card *must* be on file for patient payment plans. Default on payment plan will result in balance being immediately referred to collection agency.

CLAIM DENIALS: HMO/PPO claim denials due to cancelation of policy, lack of referral, lack of authorization, or reversals of authorizations are the patient's responsibility regardless if previously obtained. I understand that **FPN** office staff will try to obtain referral, precertification, and eligibility, however the final responsibility lies with the patient to comply with their specific insurance requirements. Referrals must be presented to **FPN** office before seeing the doctor.

NON-CONTRACTED INSURANCE CARRIERS: We strive to contract with many insurance carriers, but if we are not contracted with your insurance you are responsible for full payment at time of service. We will provide the itemized statement for you to file a claim with your insurance.

NO SHOW AND CANCELLATION: To further achieve our goal of providing each patient with utmost medical and neurologic attention, we kindly request that you make an effort to keep your scheduled appointment and arrive on time. Due to missed appointments or last minute cancelations, the blocked appointment time hinders the availability for other patients in need of our medical attention. As a result, a fee of \$50.00 for no show or no notification of canceled appointments and \$300.00 for procedures, such as an EMG, Botox, EEG, will be assessed. To avoid these fees please send **FPN** a notification through the Patient Portal or call the office at least *24 hours* in advance of your appointment.

FORM COMPLETION: Completion of forms such as applications, FMLA, disability, and forms requiring physician review and signature will be billed to the patient or representative that requested the completion of the form. It takes approximately 5-7 business days for the work to be completed or longer depending on the physician's schedule. Payment of \$50 dollars per page is required before processing can begin.

MEDICAL RECORDS RELEASE: It takes approximately 5-7 business day to process a medical record request. Medical records will be released to physician's office upon written request and authorization as a courtesy. There is a fee for NON-TREATMENT MEDICAL RECORDS [medical records requested by your attorney, disability insurance, other nonmedical entities] release and payment is required before processing can begin. This is a service and not part of neurologic care. The fee is \$50. Patients can view and access their individual medical record through the **FPN** Patient Portal.

INSUFFICIENT FUNDS: Checks written at the time of your visit or mailed as payment on an account balance that are returned by the bank will be assessed a \$40 returned check charge. The original check amount plus the returned check charge must be paid within 30 days by cash or credit card.

ACCOUNT REFUNDS: Refunds will be returned when patient's balance for all rendered services is zero.

AFTER HOURS PRESCRIPTION REFILLS: After hour and weekend contact with covering physician to refill a prescription(s) will result in a \$50 charge per prescription.

I have read and understand the Four Peaks Neurology Patient Financial Responsibility Policy and agree to abide by the terms of the policy.

Signature of Patient or Guardian

Date

Print Name of Patient

