

# ASSOCIATED NEUROLOGICAL SPECIALTIES

## FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment for services rendered are part of your treatment. Along with your intake information, this financial policy must be signed prior to treatment.

Payment is due at the time service is rendered. We accept Cash, Check, Discover, American Express, MasterCard or Visa. A fee of \$25 will be charged for any returned check.

- Filing of Contracted Insurance claims:**  
We are happy to file your insurance claim if we are contracted with the insurance company. All co-payments, deductibles and co-insurance payments are due prior to treatment, unless stated otherwise in our contract.
- Non-Contracted Insurance claims:**  
We are happy to file your insurance claim. All co-payments, deductibles, and co-insurance payments are due prior to treatment, unless stated otherwise in our contract. If payment is not received from your insurance company within 30 days, you will be responsible for payment in full. Your insurance policy is a contract between you and your insurance as we are not a party to that contract. Please be aware that some of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or other insurance plans.
- Referrals/Authorizations:**  
If your insurance requires an authorization or referral to be seen by our office, it is your responsibility as the patient to be sure this information is obtained and received by our office. If we do not receive this information, you will be responsible for payment in full.
- Usual and Customary Rates:**  
We are committed to providing the best treatment for our patients. We are not above the reasonable or necessary charges for our area. The patient/guardian is responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- Minor Patients:**  
All minor patients are to be accompanied by a parent or guardian for all visits. The accompanying adult is responsible for payment at the time of service.
- Letters of Protection:**  
We only accept letters of protection with pre-payment that has been approved prior to your initial visit. If we do not have this approval, you are responsible for payment in full. You are responsible for full payment regardless of whether there is a settlement or not. Also, if it is a work injury or accident with Personal Injury Protection, we can not file on your private insurance.

Please let us know if you have any questions regarding this policy. Your signature below confirms you have read our policy and agree to continue with treatment.

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Patient Printed Name

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DOB

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Signature of responsible party

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Date