

MEMPHIS NEUROLOGY, PLLC FINANCIAL POLICY

Memphis Neurology, PLLC, believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

1. **PAYMENT** is expected at the time of your visit. We will accept cash, check, or credit card. Payment will include any unmet deductible, co-insurance, co-pay amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under pre-existing condition clause, payment in full is expected at the time of your visit. We do ask for a copy of insurance card and ID or license due to the many cases of identity theft in the news lately. (Please do not be offended!) Please ask about our fees before the visit.
2. **INSURANCE** we are participating providers with several insurance plans. We will file all of these insurance claims. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan's network, you may be responsible for partial or full payment. This means the insurer may send the payment directly to you and therefore, our charges for your care are due at the time of service. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer's member benefits department about services and physicians before your appointment. You are responsible for payment if your claim rejects for lack of one.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

3. **RETURNED CHECKS** will incur a \$30.00 service charge. You will be asked to bring cash or a money order to cover the amount of the check plus the service charge.
4. **ACCOUNTING PRINCIPLES** Payment and credits are applied to the oldest charges first, except for insurance payments which are applied to the corresponding dates of service.
5. **COMPLETING INSURANCE FORMS, COPYING MEDICAL RECORDS, ETC** Requires office staff time and time away from patient care for our doctors. We may require pre-payment for completing forms, copying medical records, or for extra transcription by the doctors. The charge is determined by the length and complexity of the form or letter.

If you have questions in regard to any of your billing statements, our accounts receivable staff is available to assist you.

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of patient (or Responsible Party, if minor)

Date

Please print the name of the patient