

JOHNS CREEK NEUROSURGERY, PC

FINANCIAL POLICY

- _____ In order to verify insurance and benefits, we must have a copy of your current insurance card and picture ID card prior to your appointment. If the insurance company cannot verify coverage, you will be expected to pay for the appointment that day.
- _____ We make every effort to assure that all referrals and authorizations are in order prior to your appointment. We cannot be held responsible if you are in the process of changing insurances, changing primary care physician, or if your current primary care physician has dropped the plan. As such, you will be responsible for getting the appropriate authorizations and referrals for your appointment. You will be billed for visits denied by your medical group or health plan for lack of appropriate authorizations.
- _____ We are contractually obligated by insurance companies to collect co-payments and co-insurance amounts. Please be prepared to pay these at the time of your appointment.
- _____ We will bill a maximum of two (2) separate insurance companies. We will bill the secondary carrier one (1) time only and if we do not receive a payment, we will send you a bill for the remaining balance. We will provide you with all of the information you need to collect a reimbursement from your insurance carrier.
- _____ If your insurance carrier has not paid four (4) months after the date of service, we will hold you responsible for the balance and send you a bill. We will assist you in any way we can to resolve the matter, as we understand you pay premiums for your insurance coverage and deserve to be compensated.
- _____ We ask all elective surgical patients with private insurance to provide us with a nominal deposit when a surgery date is scheduled. This allows us to reserve operating time and coordinate schedules.
- _____ If you are a self pay patient, we ask that you make arrangements with the Practice Manager for any elective surgery. A deposit will be required prior to surgery and a payment plan must be set up for the balance of the costs.
- _____ If billing you, the patient, becomes necessary, you have 45 days to respond either (a) with payment in full or (b) by contacting the Practice Manager to arrange a monthly payment plan. If no response is received by 45 days, you will be referred to our collections service.
- _____ We will complete FMLA or disability paperwork for a patient during the 90 day global period for surgery or for 90 days from the first appointment for non-surgical patients. Any other forms will be charged \$10 in advance for each completion.

Signature of Patient/Guarantor/Policy Holder

Date