



**Collier Neurologic Specialists L.L.C.**  
*Comprehensive Care of Brain, Nerve and Spine Disorders*

3200 Bailey Lane Ste 200 Naples, FL 34105 239-262-8971 239-262-1721

## CONSENT TO TREAT / FINANCIAL POLICY

**We appreciate the confidence you have placed in our physicians to assist you with your healthcare needs. Please familiarize yourself with our policies below regarding payment for services.**

It is the policy of this office to advise patients they are responsible for all bills incurred. Please be prepared to pay any co-pay, co-insurance or deductible at the time of service. We will bill on your behalf to **Medicare and Private Insurance Plans**. As a courtesy we will bill your secondary insurance (if applicable) once, and if no payment is received within 45 days you will be responsible for payment.

If you have an injury related to an **Auto Accident or Workers Comp** please read below as certain restrictions apply and must be adhered to prior to you seeing the physician to ensure proper payment.

**NO-FAULT (AUTO) CARRIER (Dr Krueger only):** If you provide our office with the necessary insurance information, we will file with your no-fault auto carrier for the Physicians' services. If and when your PIP benefits exhaust we will bill your health insurance carrier if you provide us with the information. If you have no insurance you will be responsible for the charges.

**WORKER'S COMPENSATION:** **Your adjuster must schedule your appointments.** Our office will bill your employer's carrier directly for services rendered. If it is determined that your injury is not covered under worker's compensation insurance, our standard fees will apply to services rendered and you will be responsible for the charges.

Our practice does **NOT ACCEPT Letters of Protection (LOP)** from attorneys under any circumstances. You will be required to pay for your visit at the time of service if you are involved in a suit.

**COLLECTION OF DELINQUENT ACCOUNTS:** In the event that the patient's account balance is referred to an attorney and/or collection agency for payment, the patient agrees to pay all reasonable costs associated with the collection process. This will include any attorney fees accumulated.

**NO SHOW, LATE ARRIVALS, & CANCELLATION POLICY:** We ask that you notify us at least 24 hours in advance if you are unable to keep your appointment. **If your appointment is missed or cancelled on the same day, we reserve the right to charge a No Show Fee in the amount of \$100.00 for a new patient and \$75.00 for an established patient.** If you are more than 10 minutes late for your appointment this will be considered a "No Show" and you may be charged accordingly. These fees are not payable by any insurance company and therefore will be due before future services are rendered.

**ACKNOWLEDGEMENT AND CONSENT:** I consent to diagnosis, medical care and treatment that is considered necessary or recommended by my provider(s) including treatment and services in the office or through the use of telehealth technologies, such as telephonic and interactive audio-visual communications and secure messaging (MyHealthRecords.com). I understand services for telehealth or digital technologies I may be in a different location than the provider and will be charged for these services as permitted.

I authorize release of all medical information necessary to process my medical claims and I authorize my insurance company to make payment directly to my Physician at COLLIER NEUROLOGIC SPECIALISTS, L.L.C, for services rendered. I understand I am ultimately responsible for charges incurred for services not covered by insurance or third parties and acknowledge the financial policies set forth by Collier Neurologic Specialists, LLC.

\_\_\_\_\_  
Please print patient's name

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

