



Financial Policy

Patient Name _____ Spouse Name _____

Patient Employer/
Occupation _____ Spouse Employer/
Occupation _____

Patient
Employer Phone _____ Spouse
Employer Phone _____

We are dedicated to you, our patient, and our goal is to give you the best care available. We know that dealing with the financial side of your care may be confusing and stressful; therefore, we are providing you with information to clarify your financial responsibility.

- Our **Consent Form** must be updated yearly. This form allows us to submit medical claims for services provided to your insurance company, as well as appeal improperly paid claims. *Refusal to sign this form will result in you being considered a self-pay. You will then be responsible for our entire billed amounts.*
- Your personal information (address, phone number, etc.) must be updated whenever there is a change, as well as your insurance information. You will be asked to produce a picture ID, as well as proof of insurance. Neurosurgery and Spine Specialists will verify coverage prior to services being provided. We rely on the information you provide in order to bill third parties for your medical services. **Balances that are not paid due to errors or omissions in the information you provide may result in the entire balance becoming your responsibility.** Please be sure to report all potential third party sources of payment (auto, work comp, supplemental, etc)
- Most insurance policies require patient co-pay for office services. *Payment of your office co-pay is required at the time of service.*
- We accept cash, check, Master Card or Visa.
- If surgery is indicated, our financial department will provide you with a surgical estimate for our physicians' services. Most policies require a patient co-insurance until your deductible and out-of-pocket requirements have been met. *Payment of the estimated co-insurance is required prior to surgery.*
- If you are self-pay, payment in full is expected at the time of service.
- Neurosurgery and Spine Specialists is contracted with many insurance networks. If you are unsure if we participate with your insurance, please ask to speak with someone in our financial department.
- Neurosurgery and Spine Specialists may not be a participating provider with your insurance company. Your insurance company may send payment for Neurosurgery and Spine Specialists' services directly to you. By signing our **Consent Form**, you agree that it is your financial responsibility to forward any payment received to this office. Failure to send us payments you have received from your insurance company for services provided by Neurosurgery and Spine Specialists may result in your account being turned over to collections.