

# Financial Policy

5441 Babcock Rd Suite 301, San Antonio, TX 78240 • Phone: (210) 641-1394 • Fax: (210) 561-2846

[www.neurologyconsultantsofusa.com](http://www.neurologyconsultantsofusa.com)

## **FINANCIAL POLICY**

We require payment in full for any amounts designated to be the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, and/or deductible amounts. Please note that many times we collect an estimated amount due at the time of service. Once your claim is processed by your insurance carrier, any additional amounts owed will be billed to you. If the patient's estimated amount due results in an overpaid claim, a refund will be processed once all claims are settled and there is no payment due on any other claim or date of service.

## **NON-CONTRACTED INSURANCE CARRIER(S)**

We strive to contract with as many insurance carriers as possible, but if we are not contracted with your insurance carrier, you will be required to pay in full at the time of service. We will provide the information required for you to file a claim directly with your insurance carrier for reimbursement.

## **INSURANCE COVERAGE**

We have contracts with several insurance companies that may cover part or all of your services. Please inform the receptionist of any type of insurance coverage you may have, so your claims can be handled properly. You are responsible for knowing the specific rules of your insurance company with regard to network physician's participation, pre-certification, second opinions and follow-ups, and coverage and benefit exclusions. Often your primary care physician can assist you with this. While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay any co-pay, deductible, coinsurance, or non-covered amounts not paid by your insurance company, prior to receiving services. Your carrier will make final benefit determination once a claim is received in their office. Failure to present your current insurance information prior to services being rendered may result in denial of your claim and subsequent billing for unpaid services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility for your bill.

## **NON-INSURANCE PAYMENT**

If your carrier does not issue payment within 90 days of the date that services are provided, the entire balance will become your responsibility, with the exception of government and HMO payors. Medicare claims with an executed Waiver of Liability will become patient responsibility at the time of Medicare's processing of your claim.

## **MANAGED CARE REFERRAL PROCESS**

If you are covered by a managed care plan, it may be necessary for our staff to obtain a referral prior to scheduling your appointment. If your insurance company requires a referral, it is your responsibility to work with your primary care physician to obtain this referral prior to scheduling your appointment. Careful attention to the specifics of your insurance plan can help you avoid incurring out of pocket expenses for medical treatment. If you are seen by Dr. Tarbox and/or a technician without a valid referral, all charges will be the responsibility of the patient or legal guardian.

## **PATIENT AS A PARTY OF LITIGATION**

If you are party to a litigation or auto accident case, we require that payment is made at the time services are rendered.

## **PAYMENT ARRANGEMENTS**

All payment arrangements made prior to the date of service are calculated based on the closest possible estimate of patient responsibility. Thus, a pre-arranged payment arrangement may need to be modified upon insurance processing. All patients with payment arrangements that are defaulted following the processing of insurance payment will receive three internal collection letters prior to receiving outside collection activity. If a previously defaulted patient resumes payments and again defaults, they will receive one notice prior to receiving outside collection activity.

## **PAYMENT OF POST-VISIT PATIENT BALANCES**

All past-due balances and balances above original point-of-service estimates must be paid within 30 days of when the balance becomes the patient's responsibility. An acceptable payment arrangement may be made in order to prevent outside collection activity. If your account becomes past due, we will take the necessary steps to collect this debt. A monthly statement fee may apply for any balances not paid within 30 days of the initial statement. If we have to refer your account to a collection agency, a collection agency fee may be added to your outstanding balance.

**If you have any questions regarding an outstanding balance you may contact patient accounts @ (888) 445-2455.**