

FINANCIAL POLICY

Effective 2/1/2018

Our Physicians participate with most HMO's, PPO's and other health insurance plans. Each insurance plan has unique rules and regulations that must be followed by patients and physicians. Please familiarize yourself with the particular benefits and rules of your healthcare plan.

If we are not a participating Provider with your insurance plan, you will be responsible for payment in full at time of service.

Payment - All co-payments and deductibles are due at time of visit.

Referrals - Certain health insurance plans require that you obtain a referral from your Primary Care Physician before visiting a specialist's office. It is the patient's responsibility to acquire this referral. Alternative payment arrangements or rescheduling of your appointment may be necessary if proper authorization is not obtained.

Self Pay - Payment in full is expected at time of service.

Returned Check Fee - We charge a \$25.00 fee for all returned checks.

No Show / Cancellation Policy - We charge \$50 for missed appointments if you fail to cancel your appointment. If you need to reschedule an appointment, please call us at least 48 hours. Prior to your appointment to avoid the cancellation fee. Please note missed appointments or cancellations less than 48 hours for EMG or EEG testing incurs a \$100 fee.

Financial Agreement - I have read, understand and agree to this financial policy. I understand that I am financially responsible for all charges incurred by me for services rendered by Neurology Associates of Suffolk, PLLC, whether or not these services are covered by insurance, including all costs incurred to collect delinquent charges, as well as collection agency, attorney's fees and court costs plus interest from the date of service.

PATIENT'S NAME: _____

Signature of Patient/Guarantor

Date

Assignment of Benefits / Authorization to Release Medical Records - I hereby authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to Neurology Associates of Suffolk, PLLC.

Signature of Patient/Guarantor

Date

