

## FINANCIAL AGREEMENT

Our goal is to provide you with the best medical care available. A clear understanding of our financial arrangements is essential for a successful doctor/patient relationship. If you have medical insurance, we are pleased to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

Our office will call your insurance company to verify eligibility and benefits. Verifying insurance benefits is not a guarantee of payment or eligibility. It is your responsibility to be aware of any limitations such as pre-existing clauses, second opinion requirements, etc. written in your policy. Your insurance is an agreement between you and your insurance company. It is recommended that you also contact your insurance company regarding your benefits and coverage. CNA is not responsible for limitations of your policy or non-payment for any reason.

Charges for your treatment will be billed to your insurance company. However, if your insurance company has not paid their portion of the charges within 60 days, the account will revert to you. Regarding insurance payments, the phrases "more than the allowable charge" or "exceeds usual and customary amount" may be used by your insurance company to state that fees may exceed their allowable. If there is a major discrepancy between our fees and your insurance carrier's allowance, our office will assist you in providing your insurance company with additional information as needed for your claim.

- Copayments for the office services are required at the time of service.
- For the services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been made prior to services being rendered.
- Returned checks are subject to a handling fee of \$25.00.
- Patient balances over 90 days must be turned over to a collection agency. You will be billed and are responsible for all fees involved in that process.
- A "NO SHOW" fee of \$25.00, which is not billable to insurance, will be charged for any appointment not cancelled with a 24 hour notice.

### OUT OF NETWORK COMMERCIAL INSURANCE HOLDERS

This is to notify you the patient (or financially responsible party) that our practice, Coast Neurosurgical Associates, does not hold a contract with your insurance company. This allows our practice to charge your insurance company our full reasonable and customary fee without accepting any discount from your insurance company.

Ultimately, this makes you the patient, responsible for the out of network share of cost that your insurance company will not pay and of which we have control to modify on a case by case basis.

On occasion, the insurance company will send the patient the check paying for its share of cost of medical expenses leaving the full responsibility to the patient to forward payment to the appropriate parties. At the same time, the insurance company will also send evidence of payment to the entity providing the service.

That being said, any checks that you may receive from your insurance company for our services should be immediately forwarded to our office to prevent any penalties or interest from accruing on your account.

If we receive evidence of payment being sent to the patient, our office will allow one week for payment to be forwarded to our office before accumulating any penalties or interest.

Following the entire share of cost the insurance is responsible for, we will then discuss with the patient (or the financially responsible party) the remaining balance on his or her account. Depending on the circumstances at that point, we will take each case and evaluate what the final "patient share" of cost will be.

Your cooperation in this matter will be much appreciated.

My signature below indicates that I have read and understand the above statements. Upon request, I can receive a copy of this agreement for my records.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Patient Name \_\_\_\_\_ Witness \_\_\_\_\_