

# **Texas Institute for Neurological Disorders Financial Policy**

Thank you for choosing Texas Institute for Neurological Disorders for all your neurology healthcare needs. Below is a brief explanation of our financial policy. We respectfully request that you adhere to this policy, as it enables us to provide you with the highest quality medical care possible. If you have any questions or need clarification, please ask one of our staff members or our management staff to assist you.

## **PAYMENT DUE AT TIME OF SERVICE**

As a courtesy, we will be happy to file your claim to your insurance. However, you will be asked to pay any portion not covered by your insurance due to co-payments, deductibles or coinsurance at the time of service, unless financial arrangements have been made in advance. If prior arrangements have not been made, you may be asked to reschedule your appointment. Please remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

## **PATIENT BALANCE REMAINING**

Payment in full is expected upon receipt of a statement from our billing office. Only two statements will be sent to patients with balances. If we receive no response to these statements, our office will make one final attempt to reach you to pay the balance or make payment arrangements. If we are unsuccessful at reaching you, your account may be referred to an outside collection agency and you may subsequently be discharged from our care.

## **PAYMENT AGREEMENTS**

If you are unable to make payment in full for your remaining balance upon receipt of our statement, please contact our billing office immediately. We will make every effort to work with you and most likely, we can establish a mutually agreed-upon payment agreement.

## **REFERRAL FROM PCP**

If your insurance requires you to have a referral to see a specialist, it is your responsibility to contact your primary care physician to obtain it prior to the day of your appointment. If this is not obtained prior to your appointment, you may be asked to reschedule or pay the total estimated charges for that day at the time of service.

## **MEDICARE PATIENTS**

If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the 20 percent co-insurance at the time of service. However, if you have secondary insurance, we will be happy to file your claim. If payment is not received within 60 days after filing, the remaining balance will be transferred to the patient and due upon receipt of our statement.

**MEDICARE LIFETIME AUTHORIZATION**

I certify that the information given to me in applying for payment under Title XVII of the Social Security Act is correct. I authorized any holder of medical information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that the payments of authorized benefits be paid on my behalf. I assign the benefits payable for services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare of applicable insurance carrier for payment.

**SELF PAY**

If you do not have insurance, please let us know in advance. We may be able to offer several options to assist you in paying for your medical expenses. Please ask our staff for additional information on our available programs.

**MISSED APPOINTMENTS**

Please kindly provide our office with at least 24 hours' notice if you need to cancel or reschedule your appointment. Missed appointments may be charged a no show fee of \$50.00 for a follow-up visit, \$75 for an office consult, and \$100 for a missed MRI or procedure. **After three no show appointments, you may be discharged from our care.**

**CONFIRMATION OF APPOINTMENTS**

Our automated system and/or one of our scheduling clerks will attempt to contact you to confirm your appointment within 24-48 hours of your scheduled appointment. If you do not confirm your appointment within this time frame we will have to reschedule you for another time.

**MEDICAL RECORDS**

If you require a copy of your medical records, test results or a CD of your MRI results, we will be happy to provide the first copy to you free of charge, upon your signature authorizing us to release the records or CD. The fees for all subsequent copies are \$25.00 for the first 20 pages and 50 cents per page thereafter. For diagnostic imaging studies (MRI, MRA, etc.) the charge is \$8.00 per CD. The above charges are in the standards of Texas Administrative Code Rules 165.2 and 165.3.

**FORMS**

If you require a form to be filled out by one of our physicians (i.e. FMLA, Disability, School, Camp, Handicap Placards, etc.) it is the policy of this practice to charge \$30 per form for our physician's time and expertise. The fee must be paid prior to the form being filled out. Please allow up to 15 business days for completion of the form.

Thank you again for entrusting Texas Institute for Neurological Disorders with your neurological care.

**I have read the above financial policy and agree to abide by the terms.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_