

Michigan Neurology Associates, P.C.  
FINANCIAL POLICY (2012)

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Thank you for choosing Michigan Neurology Associates, P.C. (MNA) as your neuroscience healthcare provider. We are committed to a comprehensive approach to your diagnosis and treatment. Payment for our services, compliance with medical instructions and MNA office policies are considered your responsibilities within the therapeutic relationship. The following is a statement of our financial policies and is important to maintaining our professional relationship and services.

If you supply our staff with a copy of your insurance card we will bill your insurance as a courtesy. **If we are unable to verify your insurance coverage, full payment is due at the time of service.** We accept cash, check, VISA, MasterCard credit and debit cards. There is a \$25 charge for returned checks payable by cash, credit card or money order. If payment is not received from your insurance carrier within our contract limits, any balance will become your responsibility. Extended payment arrangements are available on request. Please speak to one of our front desk staff for assistance in arranging a payment plan.

**Co-pay and deductibles:** Payment of your co-pay and deductible is due on the day of service. If you do not pay your co-pay on the day of service an additional one-time \$5.00 statement fee will be applied to your account.

**Referrals, Preauthorization's and Non Coverage:** If your insurance company requires a referral, it is your responsibility to secure it from your primary care office in advance of your visit to MNA. If a referral is not obtainable at the time of your visit you may choose to be financially responsible for that visit. Our staff will provide a Financial Responsibility Form.

If your carrier requires a preauthorization for a service, it is MNA's staff responsibility and we will make every effort to secure it in a timely fashion prior to your appointment.

You may also accept financial responsibility if you wish to override these procedures by completing a form indicating so. Failure to obtain the referral and/or preauthorization or making payment, may result in rescheduling non-urgent appointments or procedures. Some treatments/procedures may not be covered by insurance and will be expected to be partially or fully paid in advance of your visit or on the day of service.

**Medicare:** We accept Medicare assignment. As a Medicare patient you are responsible for your co-pay and deductible. If you have supplemental insurance we will bill those carriers for you as well. Any remaining balance will be billed to you. All **co-pays and deductibles** are due at the time of service.

**HMO/PPO/Commercial:** We participate with most but not all plans. You are responsible for verifying what covered benefits your insurance plan will pay and that our Physicians **participate** in your plan. All **co-pays and deductibles** are due on the day of service.

**Workers Compensation and Motor Vehicle Accident Claims:** In the case of a worker's compensation injury or automobile accident, you must supply the date of injury/accident, claim number, phone number, contact person and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service. Transportation to receive our services may be a covered benefit – please inquire as needed.

**Cash Patients:** A deposit of 50% of the published Prompt Pay price will be required prior to scheduling any service. Any subsequent charges will be due on the day of service.

**Minor patients:** We will bill the insurance carrier of the presenting parent or guardian. **Co-pay and deductibles** are due on the day of service.

**No Show or Failure to Cancel Appointment Fees:** MNA requires 24-hour notice of appointment cancellation. Any missed appointments may be charged a fee of, \$50 for missed Physical Therapy sessions, \$200 for Sleep Testing (requires 48 hour notice of appointment cancellation), Neuro-Psych testing or interventional pain procedures, \$150 for MRI's, CT's, Psychotherapy/Counseling sessions, and Neuro-diagnostic testing. If you miss 3 consecutive appointments you may no longer expect refills, maybe dismissed from our practice at the discretion of you physician, or may no longer be eligible for a "reserved appointment" in the future.

**Monthly Statements:** Statements are generated by our billing service on a monthly billing cycle. They represent a request for payment of what is currently the patient's financial responsibility. These patient balances are due and payable upon receipt of our statements, unless special payment arrangements have previously been made with our Billing Director.

**Collections:** Patients on payment plans that have missed a payment, all accounts that have a balance after the third statement, and accounts where no payment has been made in the last 30 days will be assigned to a collection agency. The person financially responsible for the account will be responsible for all collection costs. Patients with collection accounts may be dismissed from our practice at the discretion of their treating physician when the outstanding fees are for professional services.

**Refunds:** MNA will automatically refund patients in full for credit balances exceeding \$25.00 (this may take up to 6 weeks to process). Credit balances of less than \$25.00 will be held on your account and applied toward future charge activity. If you feel you might be owed a refund please speak to our front desk staff or indicate same in writing on your statement.

**Authorization to Release Information and Assignment of Medical Benefits:** I authorize the release of medical information necessary to process insurance claims, pharmacy and other provider services orders for treatment. **I understand I am responsible for any amount not paid by insurance.** I have read the above policy and agree to comply with its provisions.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name (Print) \_\_\_\_\_