



Financial Policy/Agreement for Services for Patients covered by Workers' Compensation

Thank you for choosing Neurological Specialties. We are committed to providing you with high quality, compassionate healthcare. We believe communication is an important component of a strong physician-patient relationship. Your clear understanding of these policies is important to our professional relationship.

Appointments: Please arrive at least 15 minutes early for each appointment. If you need to cancel or reschedule an appointment, please allow a 24-hour notice.

Records: Please allow 10 working days for preparation of forms and letters. The fees must be paid in advance as follows:

- \$75/page for form completion.
- \$25/page for special letters that require transcription services.

There is no charge for completion of workers' comp forms (DWC) or forms which an insurance company has agreed to pay.

Returned Checks: A \$25 fee will be charged for any returned checks. This fee and the amount of the check will be charged to the credit card on file. We will attempt to contact you when we receive notification of a returned check via telephone; however, if we are unsuccessful in reaching you, we will follow-up with a written communication to notify you of the charges.

Co-pays: Insurance co-pays are due at the time of service. A processing fee of 10% will be charged in addition to the co-pay if it is not paid at the time of service. If this balance is not paid within 45 days, it will be charged to the credit card on file.

Account Balances: Charges you incur after your insurance has been billed, including co-insurance, deductibles, and any unauthorized or out of network services are your responsibility. Payment for these balances is expected within 60 days. If you are unable to pay within this timeframe, please contact our billing department. We are willing to negotiate payment arrangements to enable you to avoid additional action. Additional fees for payment letters will be added to the account balance. Account balances older than 60 days will be charged 10% interest before they are sent to collections.

I understand that services rendered by Neurological Specialties and its physicians, technicians and/or employees are a necessary part of the medical care for which I have been referred to this office to receive. I hereby consent to and authorize the administration of the recommended services. I authorize Neurological Specialties to obtain or secure any medical records as may be required for continuity of care on my behalf.

By my signature below I confirm I have read and fully understand these policies. I have been given an opportunity to ask questions and receive a copy of this document.

Patient or Responsible Party Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____