

# Patient Financial Policy

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of your treatment and care.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with a Billing Specialist.

## How May I Pay?

We accept payment by cash, check, cashier's check, VISA, MasterCard, American Express, and Discover (\$40 will be charged for checks returned for non-sufficient funds). There is a \$1 to \$2 surcharge for credit/debit card transactions. We also accept HSA/HRA payments.

## May I Pay Online?

YES! To pay your bill online, go to [www.adultneurologycenter.com](http://www.adultneurologycenter.com) and click on **Pay My Bill** to get started. It's free, easy, and secure. All transactions are securely processed through PNC's Payer Express.

## Do I Need A Referral from My Insurance Company?

If you have a managed care insurance plan which requires a referral, you must contact your Primary Care Physician's (PCP) office and request a referral number from your insurance. A staff person at your PCP's office should contact your insurance to obtain the referral number. If we do not receive the referral number/form prior to your arrival to the office, you will be asked to call your primary care physician's office to obtain it. If you are unable to obtain the referral at that time, you will be required to pay for the services in full or reschedule your appointment.

## WHAT IS MY FINANCIAL RESPONSIBILITY?

If You Have...	You Are Responsible For...	Our Staff Will...
<b>Commercial Insurance</b> Also known as indemnity, "regular" insurance, or "80%/20% coverage."	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of your co-payment, deductible, coinsurance, and for any services not covered under your insurance plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your insurance company prior to your appointment to verify active coverage and the specialist copayment amount.</li> <li>• File an insurance claim on your behalf.</li> </ul>
<b>HMO &amp; PPO</b>	<ul style="list-style-type: none"> <li>• <u>If the services you receive are covered by the plan:</u> All applicable co-payments and deductibles are requested at the time of the office visit.</li> <li>• <u>If the services you receive are not covered by the plan:</u> Payment in full is requested at the time of the office visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your insurance company prior to your appointment to verify active coverage and the specialist copayment amount.</li> <li>• File an insurance claim on your behalf.</li> </ul>
<b>Point of Service Plan or Out Of Network PPO</b>	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of your co-payment, deductible, coinsurance, and for any services not covered under your insurance plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact your insurance company prior to your appointment to verify active coverage and the specialist copayment amount.</li> <li>• File an insurance claim on your behalf.</li> </ul>
<b>Medicare Railroad Medicare UMWA</b>	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of your co-payment, deductible, coinsurance, and for any services not covered under your insurance plan.</li> <li>• Payment prior to the time of service for all services excluded by the Medicare program.</li> <li>• <u>If you have Regular Medicare as primary, and also have secondary insurance or Medigap:</u> No payment is necessary at the time of the service.</li> <li>• You are required to review and sign the ABN (Advance Beneficiary Notice) for all services Medicare may not cover.</li> </ul>	<ul style="list-style-type: none"> <li>• File an insurance claim on your behalf, as well as file claims to your secondary insurance.</li> </ul>



If You Have...	You Are Responsible For...	Our Staff Will...
<b>Medicare Advantage Plan</b> (Examples: Advantra, Security Blue, UPMC for Life)	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of your co-payment, deductible, coinsurance, and for any services not covered under your insurance plan.</li> </ul>	<ul style="list-style-type: none"> <li>• File an insurance claim on your behalf, as well as file claims to your secondary insurance.</li> </ul>
<b>Medicaid</b>	<ul style="list-style-type: none"> <li>• Paying any copayment applied based on your level of Medicaid coverage [For example: general assistance (GA) has a sliding scale for your copay].</li> </ul>	<ul style="list-style-type: none"> <li>• File an insurance claim on your behalf.</li> </ul>
<b>Worker's Compensation *</b>	<ul style="list-style-type: none"> <li>• Completing Adult Neurology Center's Worker's Compensation form.</li> <li>• If services are denied as not related to your injury, you are responsible for payment in full for all services.</li> </ul>	<ul style="list-style-type: none"> <li>• File an insurance claim on your behalf.</li> <li>• Accept payment in full by any of the methods indicated above.</li> <li>• Provide a payment receipt.</li> </ul>
<b>Victims of Crime</b>	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of all fees for all services.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide you with information on how to submit your claim.</li> <li>• Provide a payment receipt.</li> </ul>
<b>Automobile Accident *</b>	<ul style="list-style-type: none"> <li>• Completing Adult Neurology Center's Automobile Accident form <b>AND</b></li> <li>• Providing your commercial insurance coverage information at the time of service.</li> <li>• If services are denied as not related to your injury, we will bill your commercial insurance.</li> <li>• If you do not have commercial insurance that covers care not related to an auto accident, you are responsible for payment in full for all services.</li> </ul>	<ul style="list-style-type: none"> <li>• File an insurance claim to your automobile insurance on your behalf <b>AND/OR</b></li> <li>• File an insurance claim to your commercial insurance on your behalf <b>OR</b></li> <li>• Accept payment in full by any of the methods indicated above.</li> <li>• Provide a payment receipt.</li> </ul>
<b>No Insurance</b>	<ul style="list-style-type: none"> <li>• Payment prior to or at the time of service of all fees for all services.</li> </ul>	<ul style="list-style-type: none"> <li>• Accept payment in full by any of the methods indicated above.</li> </ul>
<p><b>* Worker's Compensation and Automobile Accident coverage is accepted for existing patients only and for new patients who are only receiving testing services.</b></p>		
<b>No Show Fees</b> \$50 for Botox/Xeomin/Myobloc \$30 for all other services	<ul style="list-style-type: none"> <li>• Notifying the office 24-48 hours prior to your appointment time when canceling your appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess a no show fee for any appointment canceled less than 24 hours prior to the appointment time or missed without notice.</li> </ul>
<b>Patient Statements</b>	<ul style="list-style-type: none"> <li>• Paying your balance in full upon receipt of a patient statement.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Neurology Center may send up to 2 statements about 30 days apart. If payment in full is not received within 30-60 days of the 1<sup>st</sup> statement date, a final 15-day notification letter will be sent.</li> </ul>
<b>Collections</b> Unpaid account balances greater than 30-60 days overdue are transferred to and managed by Credit Collections USA.	<ul style="list-style-type: none"> <li>• Paying your balance in full upon receipt of notification from Credit Collections USA.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer you to Credit Collections USA.</li> <li>• Answer any questions you may have about your account.</li> </ul>

**Patient Acknowledgement:** I have read the above Patient Financial Policy and, by signing below, I agree to be personally and fully responsible for the payment of all services provided by Adult Neurology Center. I agree to inform ANC of any change to my insurance.

Patient Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient/ Guardian Signature: \_\_\_\_\_

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