



Credit Policy

To avoid misunderstanding, our Credit Counselor invites early discussion of financial problems or questions regarding fees, payment from insurance carriers, etc. General requirements for maintaining your account in good standing are as follows:

1. All charges are due and payable within 30 days of the first billing.
2. Under certain circumstances a payment in advance may be required.
3. Other circumstances may warrant an extended payment plan. Our Credit Counselor will assist you in these special instances at your request.

Office Visit Co-Payments:

Office visit co-payments are collected at the time the services are provided. Please refer to your insurance ID card or contact your health plan to verify your co-payment responsibility.

Surgical Procedure Co-Pays:

If you are scheduled for a surgical procedure, you will be required to pay a deposit prior to the procedure. Our Credit Counselor will provide you with a statement of your estimated financial responsibility and answer any questions you may have. If payment is not received prior to your surgery date, your procedure may have to be re-scheduled.

Insurance:

We cannot accept the responsibility of negotiating claims with insurance companies or other persons. It is your responsibility to provide accurate insurance information. You are also responsible for payment of your health care within a reasonable time - regardless of the status of the claim. In circumstances where a claim is pending or when treatment will be for an extended period of time, it is recommended that a payment plan be initiated.

Private Insurance: please provide our office with all insurance information including your insurance card(s). If you are not the primary cardholder for your insurance we will need the primary cardholder's name, address, date of birth and social security number.

Workers' Compensation: if your visit is covered by Workers' Compensation, please verify the information we have in your file is correct and your visit has been approved by your adjuster.

Automobile/Third Party Liability: If your visit is covered by an auto or other insurance policy, please provide us with the name and number of the insurance responsible for your visit.

Legal: our office accepts legal cases on a case by case basis. Please provide our office with the name, address and phone number of your attorney. Your visit must be approved by the physician's staff and your attorney prior to receiving services.

Reduction or Rejection of your Claim:

Your insurance policy is a contract between you and your insurance company. It is important to understand its provisions. We cannot guarantee payment of your claims. If your insurance company pays only a portion of the bill or rejects your claim, any contact or explanation should be made to you, their policy holder. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

Billing:

An itemized statement covering all health care services received will be mailed to you on a monthly basis. Payment in full is due within 30 days. Charges and payments for services received during the last few days before your billing date may appear on the following monthly statement.

By my signature on the patient registration form I attest I have read the above Credit Policy and understand and agree with its terms. I also authorize the release of the medical information necessary to process my claim with my insurance company and authorize my insurance company to pay directly to Alexandria Neurosurgical Clinic the amount due me in my pending claim for medical/surgical treatment for me or my beneficiary of this policy. I understand I'm financially responsible for any balance not covered by my insurance carrier.