



FINANCIAL AGREEMENT

Deductibles, Co-Payments, and Co-Insurance

It is our payment policy to collect the appropriate payment due at the time service is rendered. This may only be your co-payment or “co-pay”, deductible and/or co-insurance according to your health insurance company benefit plan; however, we do ask for payment at the time of your visit.

A 50% adjustment of the billed service is offered to patients that are not covered by insurance or for service(s) that are considered non-covered by your insurance company when payment is made at the time of service. (This adjustment may not be applicable to medical supplies (i.e. botulinum toxin), please speak with the Northwest Neurological, PLLC billing staff if you have any questions).

Medical Insurance

A copy of your insurance card and photo ID is required at the time of the initial service. It is up to you to provide us with all information necessary to bill your insurance company. We will file claims with your medical insurance company for the service(s) that are provided by our office. In order for the claims to process correctly, please ensure that the information provided to our office is accurate and current. If there is a change in insurance information, please contact us immediately. As a courtesy, we will submit claims to insurance(s), if correct information has been provided.

Submission of claims is not a guarantee of payment. You will be responsible for payment of all amounts deemed patient responsibility by your insurance company, along with any services not covered by your insurance carrier.

Medical insurance coverage is a contract between you and your insurance company. Northwest Neurological, PLLC, will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual and customary charges, etc., other than to supply factual information as necessary.

Referrals and Authorizations

All referrals and authorizations must be obtained PRIOR to your appointment with our office. The patient agrees to provide authorization numbers, and/or referral forms for each visit or procedure. The patient is financially responsible for all visits and procedures not properly authorized.

Provider Coverage

Northwest Neurological, PLLC is not responsible for ensuring that our provider is covered under your particular plan provisions. Please contact your insurance company to verify if our providers participate with your plan prior to your scheduled visit.

Payment Methods and Other Information

We require a 48-hour notice to cancel or change appointments. If 48-hour notice is not given to our office, if you miss your appointment, or if you continually miss appointments, may result in you being dismissed as a patient from Northwest Neurological, PLLC.

There is a \$30.00 NSF fee on all returned checks. An account management fee of 18% (1.5% per month) may be added to your balance if greater than 30 days old unless a payment plan has been put in place through an agreement with the billing department. Unpaid account balances may be turned to an outside collection agency (with additional fees added to cover the costs) and may result in dismissal from our practice. We accept cash, check, MasterCard, Visa, Discover, and American Express. Photo ID is required.

Acknowledgement

I have read the above policy and agree that regardless of any insurance coverage, I am responsible for payment of my account in a timely manner. I agree that in the event that costs and/or fees are incurred in connection with the collection of my account, I will pay all such costs and fees, including but not limited to collection costs, attorney fees and all court costs.

Signature

Date