

Neurological Services of Orlando, P.A.

- **Financial Policy** We require payment in full for any amounts designated to be the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, past due balances and/or deductible amounts. Once your claim is processed by your insurance carrier, any additional amounts owed will be billed to you.
- **Non-Contracted Insurance Carrier(s)** We strive to contract with as many insurance carriers as possible, but if we are not contracted with your insurance carrier, you will be required to pay in full at the time of service if you do not have out of network benefits.
- **Insurance Coverage** We have contracts with several insurance companies that may cover part or all of your services. Please inform the receptionist of any type of insurance coverage you may have, so your claims can be handled properly. You are responsible for knowing the specific rules of your insurance company with regard to network physician's participation, pre-certification, referrals, second opinions and follow-ups, and coverage and benefit exclusions. Often your primary care physician can assist you with this. While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay any copayment, deductible, coinsurance, or non-covered amounts not paid by your insurance company. Your carrier will make final benefit determination once a claim is received in their office. Failure to present your current insurance information prior to services being rendered may result in denial of your claim and subsequent billing for unpaid services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility for your bill.
- **Non-Insurance Payment** Your insurance carrier must remit payment or deny your insurance claim within 90 days of initial notice of claim. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier, as we feel it is necessary to work together to resolve any insurance problem. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered" you will be responsible for the complete charge.
- **Managed Care Referral Process** If you are covered by a managed care plan, it may be necessary for our staff to obtain a referral prior to scheduling your appointment. If your insurance company requires a referral, it is your responsibility to work with your primary care physician to obtain this referral prior to scheduling your appointment. Careful attention to the specifics of your insurance plan can help you avoid incurring out of pocket expenses for medical treatment. If you are seen without a valid referral, all charges will be the responsibility of the patient or legal guardian
- We accept cash, check, MasterCard, Visa, Discover and American Express. Our fee for a returned check is \$45.00. **We are unable to honor post dated checks.**
- We utilize a third-party billing company, Central Tec Services, if you have any questions about a statement received or would like to pay a balance over the phone, please contact them at 407-261-8930.

Signature of Patient or Personal Representative*

Date

Print Name

Date of Birth

