



OFFICE FINANCIAL POLICY

Thank you for choosing Neuroventions Clinic for your Neurological needs. We are committed to providing outstanding medical treatment and care. We understand that many patients find insurance coverage and financial responsibility issues complex and confusing. Due to this, we have outlined our practice's policy in detail to help you.

INSURANCE

Please have your insurance card available when checking in for your appointment. Also, many HMO insurance plans require you to obtain a referral from your Primary Care Physician (PCP) before receiving services. Please have your referral with you when checking in for your appointment. As a courtesy, we will verify coverage on your behalf. Your provider may perform procedures or services deemed necessary to your health. Not all services or procedures are covered by all insurance contracts. Please be advised you are held responsible for all payments on the day of service, including any copays and/or services that go toward your deductible. Please contact the Customer Service or Member Services for your insurance company to verify your benefits if you have any concerns.

Payments such as self-pay fees, insurance co-payments, co-insurance and deductibles will be collected **IN FULL PRIOR TO SERVICES BEING RENDERED** on the day of your appointment. A list of our fee schedule for consultations and **PATIENTS WITHOUT INSURANCE (SELF PAY) procedures** is available to patients upon request.

RETURNED CHECKS

A \$25.00 charge will be added to your account for any returned check.

APPOINTMENT CANCELLATIONS & NO SHOWS

If you are unable to keep your scheduled appointment, please call our office at least 24 hours before your appointment time to cancel or reschedule your appointment. Failure to do so will result in a \$50.00 fee being charged to your account and \$75.00 for a Botox/ EEG procedure.

MEDICAL RECORDS

If you need a copy of your medical records, we will need a signed letter of release. Please give us 5 business days to copy your records. There is no charge for the first 5 pages but any subsequent pages will be \$1.00 per page.



Signature: _____ Date: _____

Credit Card on File Policy

Neuroventions Clinic is committed to efficiency and reducing waste. Our goal is to make the billing process as simple as possible. We require establish patients to provide a credit card on file with our office. When you come in, we will scan your card and your payment information will be stored in a secure software through a merchant service company (Square) for future transactions. For your protection, only the last 4 digits of your card will show in our system.

Credit cards on file will be used to pay account balances after insurance claims adjudication.

Once your insurance has processed your claim, they will send an Explanation of Benefits (EOB) to both you and our office showing what your total patient responsibility is. Typically, the patient receives the EOB before our office does, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately. If your total amount you owed is \$100.00 or more, our staff will call you to notify you about the payment to see if there is another form of payment you would like to use before processing the outstanding balance on your credit card on file. If we have not received full payment by the next billing cycle, our office manager will charge up to \$200.00 each billing period (every 28-30 days) until your balance is paid in full.

If you have questions about your bill, please call our office number at (407) 848-3839

Notes:

- If there is any credit to your account after your insurance claim has been processed, it will be refunded back to the credit card on file.
- As a courtesy, we often will give an estimated cost to patients for any service rendered. However, since you are responsible for any portion not covered by your insurance carrier, it is important for you to know what services are covered through your health insurance along with how much of the cost is your responsibility.
- If your credit card on file expires, we do expect patients to provide a new means of payment.

Credit Card on File Authorization

NEUROVATIONS — CLINIC —

I agree to place my credit card on file to be charged by Neurovations Clinic for any outstanding bills for medical services rendered. I authorize their staff and/or billing service to utilize my credit card for the purposes stated above.

Signature: _____ Date: _____



REGULAR OFFICE POLICIES

Below is a list of items required **prior** to your initial appointment.

1. Copy of referral given to you by your referring physician if applicable
2. Insurance card and photo ID
3. Any medical records from PCP, other specialist or hospital visits that are pertinent to your neurology visit
4. Diagnostic test reports such as CT scans, MRI's of the brain/spine, EEG's, EMG/NCV's (nerve conduction tests). (Only applies if you had a test completed prior to your visit with us. Actual CD's of images are not required)

NOTE: If you do not send the above items prior to your visit we may need to reschedule your appointment until we have all your information. This can result in a delay in your treatment. We appreciate your cooperation.

Please send the above documents to:

Email: vdiaz@neurovationsclinic.com

Fax: 866-950-0261/800-610-3762

Mail: Attn: Neurovations Clinic

2233 Lee Rd, Suite 101

Winter Park, FL 32789

Please arrive to your scheduled appointment 30 minutes prior to your scheduled appointment time.

If you arrive more than 20 minutes after your scheduled appointment time we may have to reschedule you to respect the time of our other regularly scheduled patients.

If you are unable to keep your scheduled appointment, please call our office at least 24 hours before your appointment time to cancel or reschedule your appointment. Failure to do so will result in a \$50.00 fee being charged to your account and \$75.00 for a Botox/EEG procedure.

If you do not show up for 3 scheduled appointments without proper prior notification to our office you may be discharged from the practice.

Any messages left during normal business hours will be returned within 24 hours.

After hour calls are as follows: If your call is an EMERGENCY please call 911 or to to the nearest hospital. If your call is urgent please call your PCP. Medication refills are not considered an emergency.

Please call us 48 hours in advance if possible for any prescription refill request.

NEUROVATIONS — CLINIC —

You will be notified of any **abnormal** lab/MRI/CT/EEG results by phone unless we already have a follow -up appointment scheduled with you and these results can wait until your appointment. We will not call you with normal results and will plan to discuss these at your next appointment.