

NEUROSURGERY, ENDOVASCULAR & SPINE CENTER

Dr. Stanley H. Kim

Dr. Anant I. Patel

Financial Policy

This document is to inform you of Neurosurgery, Endovascular & Spine Center (NESC) financial policy. It is the philosophy of NESC that all of our patients receive the best possible care and service; therefore, your complete understanding of our financial obligations is an essential part of our philosophy. Please read this document thoroughly, sign and date at the bottom indicating that you understand and agree to comply with these policies.

Payment **FOR ALL SERVICES** by our practice is due in full at the time services are rendered. We reserve the right to charge interest on any accounts deemed past due. Exclusions to this policy include those patients who are a member of a Health Maintenance Organization (HMO).

If you are a member of an insurance company that NESC participates with, we will file your claims. Co-payment, co-insurance and deductible are due at the time services are provided REGARDLAESS if NESC is participating **OR NOT** participating with your insurance company.

Medicare patients are responsible for their co-insurance, deductible and any items deemed Medically Unnecessary by Medicare. If you have insurance that covers your co-insurance and deductible we will file on your behalf.

Patients will receive a monthly statement itemizing the services rendered, claims submitted on their behalf, payments received and appropriate balances due. All patient balances are payable in full, within fourteen (14) days of date on statement **unless prior arrangements are made** with our billing office.

It is the policy of NESC that any patient eighteen (18) years of age or older will be financially responsible for all charges incurred. NESC does not get involved with divorce or separation issues. For any patients under the age of eighteen (18), the parent or guardian who accompanies the minor on the date of their first visit will be held financially responsible for any and all charges incurred.

NESC accepts Cash, Credit Cards, Checks, Money Orders and Traveler's Checks as payment for services rendered. There is a \$25 charge for returned checks. Refunds will be issued on a monthly basis in the form of a check.

NESC reserves the right to turn any patient over to an attorney and/or a collection agency if it is deemed that the account has been in default of the payment obligations or compliance of these policies and will result in doctor/patient relation termination. A \$30 processing fee will be added to your account if this action is taken. NESC will also terminate doctor/patient relations and any further medical care.

I _____ have read and understand the above financial policy of NESC. I agree to the terms outlined in the policy and understand that if I do not adhere to NESC's financial policies, I may be turned over to an attorney and/or a collection agency for payment of debt.

Signature: _____

Date: _____