



## Advanced Neurologic Rehabilitation

### FINANCIAL POLICIES AND PROCEDURES

We believe that all patients who come to this office deserve the best care that can be provided. In order for us to provide you with the highest quality care and current technology, we must ensure that we are able to meet the expenses necessary to operate this facility. To ensure that these expenses are met, we provide you with this agreement to acquaint you with our financial policy.

**PAYMENT AT THE TIME OF SERVICE:** As a courtesy, we will bill your insurance for all office visits. However, we ask that you pay any portion not covered by your insurance due to deductibles or co-payments on the day of service, unless otherwise specified in policies of Advanced Neurologic Rehabilitation.

**SUBMISSION OF CLAIMS:** We will submit your insurance claims. However, it is important to remember that your insurance is a contract between you and your insurer. Although we file insurance claims as a courtesy to you, you are still responsible for payment of services regardless of the amount your insurance pays.

**BALANCES DUE AFTER INSURANCE PAYS:** If there is a remaining balance due after your insurance carrier pays, you have 30 days to make payment on the invoice. Payment arrangements can be made for special circumstances by contacting the office manager within 30 days of the receipt of the invoice. It is your responsibility to make contact with our office to make special arrangements.

**DELINQUENT ACCOUNTS:** We urge you to keep your account current to avoid any misunderstandings with our office. All account balances past due over 180 days will be sent to an outside agency for collections. Contact our office manager if temporary financial problems will affect timely payment of your account or if a payment plan is required to prevent your account from going to collections. Patient/Guarantor agrees to pay all cost of collection, including attorney fees, collection fees, and contingent fees to collection agencies which may be more than 35% of the delinquent balance, such contingency fee to be added by the provider and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice.

**PAYMENT ARRANGEMENTS:** Under special circumstances, payment arrangements can be made. These arrangements are made with the Office Manager. Our office can set this up for you as a courtesy. You will be sent a monthly statement. However, it is your responsibility to know your monthly due date, which will be determined at the time of your payment arrangement is set up. After the second missed payment, the account will be sent to an outside agency for collections.

**PAYMENT OPTIONS:** Our office accepts Visa, MasterCard, Discover and American Express credit cards. Our office also accepts checks or cash. There will be a fee assessment of at least \$25 for all returned checks for non-sufficient funds, stop payments and account closures. Your account will be flagged for failure to pay and checks will no longer be accepted as a form of payment for your account.

**MEDICARE PATIENTS:** If you have Medicare as your primary insurance carrier, but you do not have a secondary insurance, you are responsible for the 20 percent. A Payment plan can be set up for special circumstances.

**CASH PAYMENT:** At times you might have a co-pay or deductible that require payment at the time of service.

**BILLING PROCEDURE:** You will receive a statement with your remainder balance once a reply is received from your insurance company.

**SELF PAY:** If insurance does not cover your therapy and you are a self-paying, all payments will be due at the time services are rendered unless you have made arrangements with the office manager.

**COMMUNICATIONS CONSENT:** You agree, in order for us to service your account or to collect any amounts you may owe, that we, or any third-party vendor authorized by us, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We, or any third-party vendor authorized by us, may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

x \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Patient/  
Responsible Party Relationship to patient Date