

North Texas Neuroscience Center Financial / Office Policies

Patient name: _____ **DOB:** _____

Payment:

Payment is due at the time of service. If you have insurance, your co-pay and/or deductible along with any co-insurance amount due will be collected prior to you seeing the physician. We accept Visa, MasterCard, American Express, Discover, debit cards, cash and checks. We will accept your check with a valid driver's license. Please present your driver's license along with your check.

Initials _____

Insurance:

As one of your insurance company preferred providers, **we require you to first meet your copay, deductible and/or any part that your insurance does not pay, at the time of service.** Most misunderstandings about insurance can be avoided if you understand what your policy provides. **If your insurance company chooses not to pay North Texas Neuroscience Center for whatever reason or they choose to delay payment, YOU will be responsible for payment. If payment is not received within 60 days from your insurance company, you will become responsible for the outstanding balance. Payment is expected at the time of service.** Our office will assist you as our patient in filing your claims that we are contracted with and after obtaining all insurance information needed from you. However, the stated policies regarding payment must be implemented because insurance companies have become more cavalier in the prompt processing of claims by physicians' offices. We ARE NOT responsible for your insurance or YOUR bill.

Initials _____

Delinquent Accounts:

Delinquent accounts will be reported to our collection service. Please let us know if your payment will be late in arriving at the office or if a payment arrangement may be needed. Our desire is to help you.

Initials _____

Insurance Carriers Requiring Referral Numbers (HMO, POS, EPO):

If your insurance carrier requires you to have a referral number prior to your seeing a specialist, our office must be in receipt of the referral number **before** your arrival. If we do not have it upon sign-in, your appointment will be rescheduled to a later date and time or full payment must be made prior to the office visit.

Initials _____

Late Arrivals:

In order for the physicians to see their patients in a timely manner, your help in arriving promptly for your appointment is required. If you are more than 10 minutes late, our office will reschedule your appointment to a new date and time as this tardiness not only affects you, it affects others that have a scheduled time after you.

Initials _____

Cancellations / No Shows/Reschedules:

There is a \$25.00 charge for established patients. There is a \$100 charge for New Patients & EMG patients who cancel, reschedule or NO SHOW an appointment without giving a 48-hour notice, as these appointment times could have been given to another patient(s) in need.

Initials _____

Prescriptions:

Our office requires a 48-hour notice when requesting any medication refill. **No Refills are approved after hours!!!!**

Initials _____

Returned Checks:

There is a \$30.00 charge for all returned checks. If a check is filed with the DA's office for collection, all fees incurred in the filing will be your responsibility as well. After a check has been returned twice for NSF, payments to our office will be on a **cash basis only**.

Initials _____

Out Patient Procedures Ordered:

Patients are financially responsible for any outpatient procedure(s) ordered by their physician. Our office will assist in obtaining proper authorizations for the procedure prior to the date and time. You, the insured, are ultimately responsible for what your coverage requires and we suggest that you contact your insurance carrier to verify your benefits and preauthorization requirements prior to having the procedure done. Our office will not be responsible for your charges.

Initials _____

Parent / Guardian's Signature

Date