



Financial Policy Notice

Please read carefully. Initial each paragraph and sign at the bottom.

_____ Insurance co-pays are due at each visit, before you see the doctor. If you are unable to pay your co-pay you will be asked to reschedule your appointment. Due to the fact that Austin Neuromuscular Center is a specialty practice, higher co-pays may be indicated (consult your individual insurance policy benefits for clarification).

_____ In-office procedures are typically applied by your insurance company towards your deductible, co-insurance or other out-of-pocket expense.

_____ If you have not met your deductible, your payment will be due at time of service. All other payments will be billed to you after your insurance has completed the processing of your claim. Payment of your bill is due upon receipt.

_____ If we do not participate with your insurance company, and your insurance plan does not provide out-of-network benefits, you will be considered a "self-pay" patient. See the Self-Pay Patient policy below. As a courtesy, we will provide you with the applicable diagnosis and procedure codes necessary to bill your insurance company.

_____ It is the patient's responsibility to obtain all referrals from the primary care or referring physician when. **If you do not have a current referral on file, you will be asked to reschedule your appointment.**

_____ It is the patient's responsibility to know their insurance company requirements for obtaining any labs, X-rays, or any other ancillary services. Please let your doctor's medical assistant know so that they may schedule these services accordingly.

_____ Many insurance plans cover ancillary services (labs, X-rays, CT scan, etc.) under alternate benefits, such as higher deductible or co-insurance amounts, or additional co-pays. These additional out-of-pocket expenses are not associated with our contract/participation with your insurance company. Instead, it is a matter of your plan benefits. Austin Neuromuscular Center must comply with both contractual obligations and government regulations, **thus we cannot alter your insurance plan benefits and will bill you accordingly.**

SELF-PAY PATIENTS

_____ If you (1) do not have insurance coverage, (2) choose not to use your insurance coverage, or (3) are seeking treatment/services that are not covered by your insurance plan, you are a "self-pay" patient. A 30% discount of our regular fees will be applied toward our office charges, and payment is required at the time of your visit. Alternate payment arrangements are available at the discretion of the site manager (30% discount may be forfeit).

CANCELLATION POLICY

_____ **Austin Neuromuscular Center enforces a \$75 fee for appointments and a \$150 fee for procedures not cancelled 24 hours prior to scheduled appointment/procedure.** As a courtesy our office contacts the patient one week prior to an appointment to remind the patient of their future appointment. **This is a courtesy only and it is ultimately the patient's responsibility to keep track of appointments made.**

We accept cash, checks, and major credit cards. A \$40 fee applies to all returned checks. Additional fees may apply to special financing arrangements and bad debt collections.

By signing this Financial Policy Notice you, the guarantor, acknowledge that you have read, understand and accept the above financial policy.

Patient Name (printed): _____ DOB: _____

Patient / Guarantor Signature: _____ Date: _____

Name of Guarantor (if different from patient) _____