

# FINANCIAL POLICY

**PAYMENT IS DUE AT THE TIME OF SERVICES ARE RENDERED** unless payment arrangements have been approved in advance.

**WE ACCEPT PAYMENT BY:** Cash, Personal Check, Visa, MasterCard, American Express, Discover

**NEW PATIENTS** should be prepared to pay up to \$400 for the initial consultation.

**ESTABLISHED PATIENTS** should be prepared to pay \$95 - \$200 for each follow-up visit.

**ADDITIONAL SERVICES**, such as diagnostic testing and labs, may be required during any visit. These additional services are not included and are rendered at an additional fee.

**NO-SHOW POLICY:** Patients that miss their appointments without calling and canceling or rescheduling at least twenty-four hours in advance of the appointment will be assessed a \$25 no-show fee. Patients that show up for their appointment more than 15 minutes late may need to reschedule their appointment to a later time/date as the original appointment time may no longer be available.

---

## **EXCEPTIONS:**

**MEDICARE** – We will accept assignment on all Medicare claims. We will also file Medicare Supplement claims. Patients covered by Medicare Part B must bring the Medicare card & Supplemental Policy card to the first visit.

**PLEASE NOTE:** If you switch to a Medicare HMO Plan, you must inform us immediately.

**HMO, PPO, EPO** – Patients covered by a Managed Care or Participating Provider Plan of which the physician being seen is a participant, must bring the HMO/PPO/EPO card and be prepared to pay the Co-Pay amount at the time of service.

**PLEASE NOTE:** We want you to receive your maximum plan benefits. Our practice is not on every insurance plan and all of our physicians do not participate on the same plans. It is your responsibility to verify that the physician you are seeing is on your plan. If your plan requires a Primary Care Physician Referral, it is your responsibility to make sure you have a referral for every visit. It is your responsibility to inform us if the treatment or testing recommended to you requires insurance Pre-Authorization.

**WORKER'S COMPENSATION** – Injured workers covered under the Texas Workers Compensation Act will not be responsible for payment of medical services rendered unless the injury is finally adjudicated to not be compensated or the Texas Worker's Compensation Commission finds that the injured worker has violated Article 8303-4.62 or Article 8303-4.63 of the Texas Workers Compensation Act. We do not accept out of state worker's compensation insurance.

**PRIVATE INSURANCE** – We will file private insurance claims as a courtesy to our patients only if the day's charges exceed \$300. Payment for the Uninsured Portion (Deductible & Co-Insurance) is due at the time of service.

**PLEASE NOTE:** Your Insurance Policy is a contract between you and your insurance carrier. We are not a party to that contract. As Medical Providers, our relationship is with you – not your Insurance Carrier. Not all services are a covered benefit of all policies. We recommend you inform yourself of any policy exclusions, as payment for non-covered services will be your responsibility.

---

I AGREE TO ABIDE BY THE FINANCIAL POLICY OF KANE HALL BARRY NEUROLOGY.

Signature of Patient or Guardian \_\_\_\_\_ Date \_\_\_\_\_