

Financial Policy

Thank you for choosing University Neurosurgery Augusta Back. We believe that establishing a written financial policy is mutually beneficial for all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing quality healthcare services to our patients. Our financial policy is as follows:

1. **Payment** - Payment is expected at the time of service.
2. **Insurance** -
 - a. Please provide a copy of your insurance card prior to each visit.
 - b. We will file insurance for you under most circumstances as long as you provide us with current information. You are ultimately responsible for understanding the details of your coverage and what charges you may incur.
 - c. If your insurance company does not respond to us within 60 days of a filed insurance claim, the charges will be sent to you to follow up on and you will be responsible for payment.
3. **Minor Children Patients** -
 - a. Minor children patients must be accompanied by a parent or legal guardian.
 - b. Charges for services rendered to minor children are the responsibility of the parent who seeks treatment for the child and are due at the time of service regardless of court-ordered responsibility.
4. **Self-Pay Patient Discounts** - We offer discounts to our self-pay patients (patients who have no insurance coverage) who pay in full at the time of service -
 - a. 50% for All Services;
 - b. Self-Pay Patient Discounts do not apply to co-pays, co-insurance, and/or deductibles.
5. **Restricted Service** - All Account balances must be in good standing prior to receiving additional services. Please contact our office if you are unable to pay your balance.
6. **Missed Appointment Charge** - Please notify our office at least 24 hours in advance if you are unable to keep a scheduled appointment or you may be charged a \$25 fee.
7. **Additional Service Charges** - A service charge of up to \$35 may be added for each of the following:
 - a. Returned Checks;
 - b. Additional forms (i.e. disability forms, MVA, attending Physician).
8. **Past Due Accounts** of 60 days or longer may be turned over to a third party for collection, along with collection costs, attorneys' and court fees. You may also be discharged from the practice.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-pays and deductibles, are my responsibility.

Patient Printed Name / DOB

Patient Signature or Authorized Person

Date

Relationship to Patient