

## FINANCIAL POLICY

### **INSURANCE INFORMATION**

The patient is expected to present the insurance card at each visit. Insurance claims are filed to participating insurance companies. The patient is responsible for notifying our office of any changes in insurance coverage. Verification of participation with the patient's specific insurance plan is the responsibility of the patient. Patients are encouraged to contact their insurance carrier to ensure participation with the insurance plan prior to arriving for an appointment.

### **REFERRALS**

The patient is expected to obtain a referral from their primary care physician. Please allow at least 10 days for your primary care physician to complete and submit the referral.

### **PATIENT BALANCE**

All co-payments, co-insurance, and deductible amounts are due and payable at the time of service.

### **SELF-PAY ACCOUNTS**

Payment in full is expected at the time of service for uninsured patients.

### **RETURNED CHECKS**

Checks returned for insufficient funds are the responsibility of the patient. The current fee for returned checks is approximately \$40 for each returned check. If your check is returned, it may be represented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper draft or electronically, at our option.

### **DIVORCE CASES**

In cases of divorce, the individual who receives the care is responsible for payment of any patient balance at the time of service. We will not bill a divorced spouse for the patient's services. The responsibility for payment of services for minor children belongs to the guarantor. Statements will be mailed to the guarantor address. We cannot send statements to multiple addresses.

### **COLLECTION ACCOUNTS**

Unpaid patient balances may be sent to a third party collection agency at the physician's discretion.

### **PATIENT REFUNDS**

Refunds are issued to patients when a patient overpayment has occurred and there are no outstanding claims to insurance or upcoming appointments scheduled.

### **MEDICAL RECORDS AND FMLA PAPERWORK**

Medical records and FMLA requests made to the office will incur a charge of \$25.00 Per Occurrence. This must be paid up front prior to forms being filled out or Medical records printed.

### **QUESTIONS/PAYMENT OPTIONS**

We accept cash, checks, Visa, MasterCard, and American Express. For specific billing inquiries or to pay by phone with a check or a credit or debit card, please call 865.218.6222. Payments may be mailed to Hope Neurology, 2060 Lakeside Centre Way, Knoxville, TN 37922.

By signing this form I agree to Hope Neurology's Financial Policy.

---

Patient Signature

Date