

Neurosurgery & Spine Surgery, S.C.
1551 Bond St, # 143, Naperville, IL 60563
1797 W. State Street, # C, Geneva, IL 60134
(630) 983-7100
Fax (630) 983-6331
www.aboutnsss.com

Michael H. Rabin, MD, FACS
John Brayton, MD, FACS

FINANCIAL POLICY

Patient _____

Date _____

Chart # _____

Dr. R B

The following explains our financial policy. We require that you read and sign it prior to any treatment. Should you have any questions regarding the financial policy, please ask. We are committed to providing the very best in health care. Thank you for choosing Neurosurgery & Spine Surgery, S.C., as your health care providers.

MEDICARE PATIENTS:

We accept Medicare Assignment for your services; however, you are responsible for the 20% unpaid by Medicare and \$100 deductible if it has not yet been met for the year. Your 20% is due at time of service unless arrangements have been made to bill your secondary insurance.

WORKER'S COMPENSATION PATIENTS:

Services for verified worker's comp claims will be billed to the appropriate worker's comp carrier. If claims cannot be verified or are in dispute, payment will be expected at time of service from the patient. All subsequent office visits will require authorization from the worker's comp carrier.

INSURANCE PATIENTS:

Your insurance will be filed for any medical services rendered. Please provide the correct billing information to file your claims. A copy of your insurance card and picture ID will be required. PLEASE BE AWARE YOUR INSURANCE COMPANY HAS CERTAIN REQUIREMENTS AND PROVISIONS THAT NEED TO BE FOLLOWED BY YOU, THE PATIENT, WHEN MAKING APPOINTMENTS. If your insurance deductible is not met for this year, or if your insurance doesn't pay for office visits, full payment will be required for each appointment. Since the insurance contract is an agreement between you and your insurance company, any unpaid balance will remain the responsibility of the patient.

IN NETWORK:

Any co-pays indicated are due at the time of service.

(over)

OUT OF NETWORK:

This will be processed as an insurance claim. You will be responsible for any balance remaining on your account after the insurance benefits have been paid.

STATEMENTS:

Statements are mailed monthly to those patients with balances due, and payment is expected upon receipt. After 120 days, any unpaid balance will be assessed a 1½% monthly finance charge on your account.

I have read this Financial Policy, and I understand that I am responsible for payment of all medical services rendered.

Signature of patient or guardian

Date

Rv:05/16/2006-Financial Policy