

Neuro Focus Center, LLC

Financial Policy

Welcome to Neuro Focus Center, LLC. We are committed to giving you the best care possible. We would like to take this opportunity to inform you of our office policies.

We will bill insurance claims as a courtesy to our patients provided we have your current insurance information and any necessary referrals. Should your insurance require a referral, and we have not received it prior to your appointment, you will be responsible for payment at the time of service. We accept payment from insurance companies, but require that you pay your portion, including co-pays, deductibles or coinsurance at the time of service.

This office bills **only** for services performed by the physicians and practitioners of Neuro Focus Center, LLC, which include but not limited to psychotherapy, medication management, and phone managements. Any laboratory, radiology, anesthesiology or hospital billings you may receive are separate entities and you must contact that entity or your insurance company if you have questions about additional services bills, regardless of whether the services were ordered by Neuro Focus Center, LLC.

As a courtesy we will attempt to contact every patient to remind them of their appointment; however, it is the responsibility of the patient to arrive for their appointment on time. We ask that you notify us 24 business hours in advance to cancel and/or reschedule your appointment. ***Please be aware that failure to do so may result in a missed appointment fee of \$100.00, which is not billable to or covered by your insurance.***

It is your responsibility to inform this office of any/all changes in your name, address, phone number and insurance coverage.

Delinquent accounts will be turned over to an outside collection agency if unpaid after 60 days without further notice. In the event that your account is turned over for collections, you are responsible for all associated collection, court and attorney costs.

I have read the Financial Policy. I understand and agree to these terms.

Print name

Signature

date

Acknowledgement of Notice

I acknowledge receipt of the Notice of Privacy Practice for Neuro Focus Center, LLC

Please initial