METROPOLITAN NEUROSURGERY FINANCIAL POLICY

To all Patients:

The intent of this document is to inform you of Metropolitan Neurosurgery, P. A.'s (referred to in this policy as MET) Financial Policy. It is the philosophy of MET that all of our patients receive the best possible care and service; therefore, your complete understanding of our financial policy as it relates to your financial obligations is an essential part of our philosophy. Please read this document thoroughly and sign and date the bottom indicating you understand and agree to comply with these policies.

- Payment for all services provided by our practice is due in full at the time of service. Exclusions to this policy are those patients who are members of a health care organization that MET participates with, Medicare, Medicaid, or confirmed Workman's Compensation patients.
- You are responsible for your deductible and any other charges for services not covered by your insurance policy such as routine care, preventive services, etc.
- Patients with no insurance coverage will be required to remit a $200 deposit before their appointment. This is the average cost of a first consult. If the charged amount is less than $200 the patient will be promptly refunded.
- If you are covered under an insurance policy that MET has a participating contract with, we will file your claims with that organization. You will be expected to pay your co-payment at the time you arrive for your appointment. All other balances not covered by your plan will be billed to you after your insurance company settles your claims. If you have questions or disputes on claims settlements done by your insurance company, we encourage you to contact them for satisfactory resolution.
- If MET does not have a contractual agreement with your insurance carrier, our insurance department will bill available insurance carriers as a courtesy to you, the patient. However, you are still responsible for the full payment of the services if we have not received payment from your insurance company within 90 days.
- All patients will receive a monthly statement when there is an appropriate patient balance due. Balances left after we have received payment from your insurance carrier OR communication that your health plan has deemed services to be non-covered, are appropriate patient balances. All patient balances are payable in full within 30 days after receipt of your statement unless other acceptable arrangements have been set up with our Business Office.
- In the event you are hospitalized, we will bill all services rendered by MET physicians to your health plan provided we have correct insurance information. Prior authorizations that may be required by your insurance company for hospitalization are your responsibility to obtain.
- It is the policy of MET that any patient at the age of eighteen years or older will be financially responsible for all charges incurred by them. MET does not get involved with divorce or separation. For any patient under the age of eighteen, the parent who accompanies the minor for their visit will be financially responsible for all charges incurred.
- MET accepts Cash, Personal Checks, Visa/MasterCard, or Money Orders as payment for services rendered.
- A $25.00 Returned Check Fee will be assessed to the account for every check returned to MET for insufficient funds or closed accounts.
- If refunds are warranted, they will be sent to you in the form of a check regardless of the form of payment used by the patient.
- There may be additional charges applied to your account if MET is asked to participate in a Deposition, Phone consultation or producing of Medical Records for the purpose of Insurance Verification.
- MET reserves the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations or compliance of this policy.

I, _____have read and understand the above Financial Policy of Metropolitan Neurosurgery, P. A. I agree to the terms outlined in this policy and understand that if I do not adhere to this policy; my account may be turned over to a collection agency for payment of debt.

SIGNATURE:_____ DATE:_____

1-20-17