

**Central California Neurology Medical Corporation
Assignment of Benefits Agreement
Release of Billing Information**

Central California Neurology Medical Corporation believes that part of good healthcare practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you, and we want you to completely understand our financial policy.

- 1. **PAYMENT-** Is expected at the time of your visit. We will accept cash or check. Payment will include and unmet deductible, co-insurance, co-pay amount or non-covered charges from your insurance company. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full is expected at the time of your visit.
- 2. **INSURANCE-** We are participating providers with several insurance plans. We will file all of these insurance claims. A list of these insurance plans is available upon request. Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

If our doctors are not listed in your plan’s network, you may be responsible for partial or full payment. If you are insured by a plan that we do not have a prior arrangement with, we will prepare and send the claim for you on an unassigned basis. This means the insurer may send the payment directly to you and therefore, our charges for your care are due at the time of service. Due to the many different insurance products out there, our staff cannot guarantee your eligibility and coverage. Be sure to check with your insurer’s member benefits department about services and physicians before your appointment. You are responsible for obtaining a properly dated referral if required by your insurer and responsible for payment if your claim rejects for lack of one.

Not all insurance plans cover all services. In the event your insurance plan determines a service to be “not covered”, you will be responsible for the complete charge. Payment is due upon receipt of statement from our office. All procedures billed in this office are considered covered unless limited by your specific insurance policy.

- 3. **LATE CHARGES-** We can asses a 12% fee annually to be applied to all patient balances of 90 days or older.
- 4. **RETURNED CHECKS-** Will incur a \$25.00 service charge. You will be asked to bring cash or a money order to cover the amount of the check plus the service charge.
- 5. **ACCOUNTING PRINCIPLES-** Payment and credits are applied to the oldest charge first, except for insurance payments which are applied to the corresponding dates of service.
- 6. **COMPLETING INSURANCE FORMS, COPYING MEDICAL RECORDS, ETC.-** Requires office staff time and time away from patient care for our doctors. We may require pre-payment for completing forms, copying medical records, or for extra transcription by the doctors. The charge is determined by the length and complexity of the form or letter.
- 7. **MISSED OR CANCELED APPOINTMENTS-** We reserve the right to charge for appointments cancelled or broken without 24 hours advance notice.
- 8. If you have questions in regard to any of your billing statements our accounts receivable staff is available to assist you.

I have read and understand the practice’s Assignment of Benefits Agreement and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

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Therefore, I _____, acknowledge that
(printed name of patient or personal representative)

Central California Neurology Medical Corporation, has provided a written copy of their Assignment of Benefits Agreement to (check one) _____ myself _____ or other, specify _____.

X

Signature of Patient or Personal Representative

Date