

CLINICAL NEUROSCIENCES OF TAMPA BAY
430 Morton Plant St., Ste. 400
Clearwater, FL 33756

Practice Financial Policy

Our practice is committed to providing you with the best possible medical care. If you have special needs, we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- 1) Clinical Neurosciences of Tampa Bay will gladly submit claims to your insurance company on your behalf. However, it must be understood that your insurance coverage is a contract between you and your insurance company and that any and all expenses incurred by you are your responsibility.
- 2) Our office participates with a variety of insurance plans. It is your responsibility to:
 - Bring your insurance card with you to every visit.
 - Be prepared to pay your co-payment and/or any payments that are patient responsibility at each visit, either upon check-in or check-out (i.e. co-insurances and/or deductibles). Payment can be made by cash, check, or visa/mastercard. We do not accept American Express or Discover. Check with your insurance company to ensure that our physicians participate in your particular insurance plan.
 - Notify our office immediately if you have a change in insurance, address, or phone number.
 - For medical care not covered by your insurance, payment in full is due at the time of the visit.
- 3) If you have insurance that we do not participate in, our office will gladly assist you with the filing of a claim for your reimbursement; however, payment in full is expected at the time of service.
- 4) If you need special financial consideration, please speak with one of our billing specialists prior to your visit. You may reach a billing specialist by calling (727)443-3295.
- 5) It is your responsibility to bring any required referrals for treatment at the time of, or prior to, the visit. If you do not have the referral, your visit may be rescheduled or you may be financially responsible for the charge for the visit.
- 6) If the patient is a minor (18 years or younger), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service and for bringing the necessary referrals and valid insurance card.
- 7) If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (you should find their phone number on the back of your insurance member ID card).
- 8) If you fail to make payment in full for the services that are rendered to you, your outstanding balance will be sent to a collections agency unless you sign a payment agreement with our billing department. If your account is sent to a collections agency, you may be responsible for the fees

assessed by the collections agency. Likewise, if you are unable to pay in full at the time services are rendered, we will require a signed payment agreement guaranteeing payment.

9) If you belong to an insurance plan that requires prior authorization from a primary care physician or insurance company, it is your responsibility to make sure that authorization has been issued. If prior authorization is not issued from your primary care physician or insurance company, you may be personally responsible for the charges incurred.

10) If your treatment is related to an auto accident and your regular health insurance is through a managed care plan, you must still obtain an authorization from your primary care physician or insurance company for treatment. If no authorization is obtained, your managed care plan may not pay after your PIP benefits are exhausted, and you may be held responsible.

11) In the case of divorced parents, responsibility for payment of a child's medical expenses incurred shall be that of the parent bringing the child in for treatment. In no case shall the other parent be billed unless financial arrangements have been made with that parent and we have legal documentation stating that they are the responsible party.

12) There will be a minimum charge of \$25.00 for checks returned for non-sufficient funds. After receipt of a NSF check, we reserve the right to require cash or money order for future payments.

13) We request a 24 hour notice for cancellation of appointments and reserve the right to charge for appointments cancelled or broken without such notice.

14) By signing this form, you authorize Clinical Neurosciences of Tampa Bay to release any information requested by insurance companies or liable third parties and assign any insurance benefits to a physician in our practice.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. Questions about your account or financial arrangements should be directed to our billing office. You may reach the billing office by calling (727)443-3295. Please sign below indicating that you have read, understood, and agree to this financial policy.

I hereby note that I have read and understand the above financial policy. I guarantee payment of all charges incurred for the account(s) of the patient listed below.

Patient's Name

Printed name of responsible party

Relationship to patient

Signature of responsible party

Date