

## **Northeast Texas Neurology Associates Financial Policy**

Thank you for choosing Northeast Texas Neurology Associates (NETNA). Your clear understanding of our Patient Financial Policy is important to maintain a successful physician patient relationship.

We require payment in full for any amounts designated to be the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, and/or deductible amounts. Please note that many times we collect an estimated amount due at the time of service. Once your claim is processed by your insurance carrier, any additional amounts owed will be billed to you. If the patient's estimated amount due results in an overpaid claim, a refund will be processed once all claims are settled and there is no payment due on any other claim or date of service.

### **Patient Refunds**

In the event of an overpayment on your behalf to NETNA, a credit of an amount up to \$50.00 will be on your account. If you wish to receive a refund check instead of account credit, please contact the office. If the amount of overpayment is greater than \$50, then a refund check will be mailed to you. If you do not have a future appointment scheduled at NETNA, a refund check will be mailed to you regardless of the amount.

Due to processing payments through your insurance company, the refund checks will be mailed approximately 60-90 days after your visit. Please note that refund checks will be void 90 days after the date of issue. NETNA requests that you are prompt when cashing your refund checks.

### **Non-Contracted Insurance Carrier(s)**

We strive to contract with as many insurance carriers as possible, but if we are not contracted with your insurance carrier, you will be required to pay in full at the time of service. We will provide the information required for you to file a claim directly with your insurance carrier for reimbursement.

### **Insurance Coverage**

We have contracts with several insurance companies that may cover part or all of your services. Please inform the receptionist of any type of insurance coverage you may have, so your claims can be handled properly. You are responsible for knowing the specific rules of your insurance company with regard to network physician's participation, pre-certification, second opinions and follow-ups, and coverage and benefit exclusions. Often your primary care physician can assist you with this.

While we are happy to help you receive the maximum benefits allowed by your insurance carrier, bear in mind that it is your responsibility to pay any co-pay, deductible, coinsurance, or non-covered amounts not paid by your insurance company,

prior to receiving services. Your carrier will make final benefit determination once a claim is received in their office. Failure to present your current insurance information prior to services being rendered may result in denial of your claim and subsequent billing for unpaid services. Even though we assist you in receiving reimbursement from your insurance company, please understand that you, the patient, ultimately have the final responsibility for your bill.

### **Non-Insurance Payment**

If your carrier does not issue payment within 90 days of the date that services are provided, the entire balance will become your responsibility, with the exception of government and HMO payers. Medicare claims with an executed Waiver of Liability will become patient responsibility at the time of Medicare's processing of your claim.

### **Managed Care Referral Process**

If you are covered by a managed care plan, it may be necessary for our staff to obtain a referral prior to scheduling your appointment. If your insurance company requires a referral, it is your responsibility to work with your primary care physician to obtain this referral prior to scheduling your appointment. Careful attention to the specifics of your insurance plan can help you avoid incurring out of pocket expenses for medical treatment. If you are seen by a NETNA provider without a valid referral, all charges will be the responsibility of the patient or legal guardian.

### **Payment Arrangements**

All payment arrangements made prior to the date of service are calculated based on the closest possible estimate of patient responsibility. Thus, a pre-arranged payment arrangement may need to be modified upon insurance processing. All patients with payment arrangements that are defaulted following the processing of insurance payment will receive at least three internal collection letters prior to receiving outside collection activity. NETNA will work with all patients on payment arrangements but reserves the right to dismiss a patient from the practice if payment is not received according to agreed upon payment arrangements.

**Northeast Texas Neurology Associates**

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