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 amount designated to be the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, and/or deductible amounts. We collect an estimated amount due at the time of service. Estimates are not guarantees. Once your claim is processed by your insurance carrier, any additional amounts owed will be billed to you. NETNA does not accept personal or business checks as a form of payment. The credit card on file may be charged for balances determined to be patient responsibility after insurance processing in accordance with our Credit Card on File policy (see separate policy).

Patient Refunds

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. Full or partial refunds are issued on credit card if that was the initial form of payment. Due to processing payments through your insurance company, the refunds may be issued up to 60-90 days after your visit.

Self -Pay / Uninsured / Non-Contracted Insurance Carrier(s)

We strive to contract with as many insurance carriers as possible. 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. We provide a discount for payment received in full on or before the day of service for patients without insurance or with insurance we do not contract. Discounts are not retroactive and cannot be applied after insurance is billed or denied.

Insurance Coverage

We have contracts with several insurance companies that may cover part or all of your services. Please inform our office 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, and follow-ups, and coverage and benefit exclusions. Often your primary care physician or other provider can assist you with this.

While we are happy to help you receive the maximum benefits allowed by your insurance carrier, 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 a final benefit determination once a claim is received. 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 Advanced Beneficiary Notice of Noncoverage 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 you to obtain a referral/insurance authorization prior to scheduling your appointment. If your insurance company requires this, it is your responsibility to work with your primary care physician to obtain this 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/insurance authorization, 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 up to three statements and a final collection letter prior to receiving outside collection activity. NETNA will work with all patients on payment arrangements. We reserve the right to dismiss a patient from the practice for nonpayment after reasonable notice and in accordance with the Texas Medical Board rules, including provision for urgent care during a transition period.

Late Fee

An administrative late fee of $50 may applied to all balances over 90 days as permitted under Texas law.

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