

MIND Headache and Neurology PLLC

Financial Policy

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 insurance carrier processes your claim, 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.

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. 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 on 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.

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 on to the specifics of your insurance plan can help you avoid incurring out of pocket expenses for medical treatment. If you are seen by our physician 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's responsibility. Thus, a prearranged payment agreement may need to be modified upon insurance processing. All patients with payment arrangements that are defaulted following the processing of insurance payment will be sent to an outside collection agency.

Payment of Post-Visit Patient Balances

All past due balances and balances above original point of service estimates must be paid within 30 days of when the balance becomes the patient's responsibility. An acceptable payment arrangement may be made in order to prevent outside collection activity. If your account becomes past due, we will take the necessary steps to collect payment including sending to an outside collection agency.

Self-Pay Option

Initial consultation fee is \$175 due at time of service. The follow up visit fee is \$125 due at time of service. Payment installments are available on a case by case basis. We accept cash and all major credit cards. All other expenses including diagnostic studies, laboratory studies, and medical procedures are the full responsibility of patient. However, we do provide payment plans upon request for EEG and NCV/EMG studies.

Routine EEG \$325

Focused EMG/NCV Test \$275

24 hour Ambulatory EEG \$1000

No Show Fees

\$25 no show fees for patients who fail to cancel at least 24 hours prior to scheduled appointment. If canceled within 24 hours but, rescheduled for a later date the no show fee is waived.