



Child Neurology

SOLUTIONS

FINANCIAL AGREEMENT

Thank you for trusting Child Neurology Solutions to partner in your health care. This financial agreement should answer questions regarding patient and insurance responsibility for services rendered. Please read this agreement, ask us any questions you may have, and sign in the space provided. You will be given a copy of this agreement for your records.

Patient Acknowledgment

I have received this financial policy, and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts will be referred to a collection service. If it becomes necessary to send my account to a collection service, I agree to pay for all costs and expenses, including reasonable attorney fees. I also acknowledge that I have received a copy of this financial agreement for my records. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

Patient Name	Date of Birth	Date
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Parent/Guardian Signature	Printed Name	Date
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Insurance

Your insurance coverage is a contract between you and the insurance company, and it is your responsibility to know your insurance benefits. We always recommend that you check with your health plan prior to receiving any medical services to assess your benefits and eligibility for coverage. As a courtesy, we will bill both your primary and secondary insurance companies. We will submit your claims and assist you in any way we reasonably can to help get your claims processed. In order to do this, we must receive all the information necessary to bill. If the information is not supplied, you will be billed, and payment in full will be your responsibility and will be expected within 30 days of receipt of statement.

Medicare

We are not currently participating in the Medicare program. You are responsible for our fee. We will provide you with an estimate of your financial responsibility for medical services.

Managed Care

Many patients are enrolled in Managed Care Products. In order for us to obtain referrals and/or pre-authorizations for procedures, it is important that we have your current insurance information. Depending on individual policies, your procedure may not be a covered benefit. It is your responsibility to check for optimal coverage and policy limitations, and to obtain referrals as required by your insurance company. Please contact your insurance company with questions regarding your coverage.

Patient Responsibility for Payment

You are responsible for payment of any co-payment, co-insurance, deductible or service not covered by your insurance, handling, collection or attorney fees. If you do not have insurance, you are responsible for payment of all services. Co-payments are due at the time of your service. Patient due balances noted on your monthly statement are due within 30 days of receipt. Charges for minor children will be billed to the parent with whom the child resides. We will bill appropriate insurance if all required information is provided. We will not bill or contact a non-custodial parent on behalf of the custodial parent.

Deposits

New patients without insurance, or if insurance co-payment and coverage cannot be verified, are required to pay a deposit on or before the first date service. If insurance payment results in a credit balance, it will be refunded to your within 30 days.

Payment Options

For your convenience, we accept VISA, MasterCard, American Express, Diners Club & Discover. Personal checks will only be accepted for insurance co-payments. Please make your check payable to Child Neurology Solutions, PLLC. There will be a charge for returned checks.

We understand that financial circumstances vary from patient to patient. If you are unable to pay your patient due balance in full, you must call our business office at (770) 745-1070 to make payment arrangements. We offer uninsured patients a 10% discount for payment of office visit by cash, check, or credit card received on the date of service. Accounts with a patient due balance outstanding over 90 days will be charge finance charges of 18%.

Non-Payment

Failure to pay will result in your account being referred to a collection agency, which may affect your credit. You must contact our collection analyst to discuss payment arrangements. NSF checks will result in a \$25 processing fee.

Out-of-Network

During our initial months of business as Child Neurology Solutions, we are working with insurance companies to complete their

credentialing process. Until that process is complete, some insurances will not accept claims from us. Therefore, if your insurance is one of those not yet complete, you will be responsible for filing your claim with your insurance. We will provide you with Medical Records and a completed HCFA form, as well a receipt for your payment.