CAPITAL CITY NEUROSURGERY

MINIMALLY INVASIVE SPINE SURGERY

FINANCIAL POLICY

Welcome to Capital City Neurosurgery. We are dedicated to you, our patient, and our goal is to give you the best care available. We know that dealing with the financial side of your care may be confusing and stressful.

Like all businesses, our practice must collect payment for our services in order to remain financially viable. Unlike other businesses, however, medical practices typically receive payment from someone other than the individuals to whom they provide services (from our patients' health insurance carriers), and, frequently, we may not receive payment until 30 days or more after those services are provided – and obviously that's not quite how it happens when you go to the grocery store or get your car repaired. In order to continue to provide our patients with the high standards of care and expertise they have come to expect, it is important that we work together to ensure accurate billing and timely payment for the services we provide.

Patient Demographic and Insurance Information

It is critical that we have correct demographic (personal) information about you and about your health insurance coverage in order for us to bill accurately for the services we provide to you. This information includes:

- Your complete name, address, social security number and phone number;
- The subscriber's (if different) complete name, address, social security number and phone number;
- The name of your insurance company, the group and subscriber number or other identifying numbers;
- A COPY of your insurance card, which also shows important information about your plan; and
- The name, address and phone number of the physician (usually your PCP, or Primary Care Physician) who is referring you to our office.

At each visit, we will verify and update your demographic information and scan a copy of your driver's license (or other valid photo ID) and, for patients with insurance, your current in-force insurance card for your primary and (if applicable) secondary insurance. This is to ensure accurate billing information and to protect you by confirming that we are providing services to the correct individual. This is no different than when you check into a hotel and are asked for your credit card and photo ID, or when your bank asks for your photo ID at the teller window for those transactions. Please understand that our staff will ask for this information and these documents even if you have recently been seen in our office. We rely on the information you provide in order to bill third parties for your medical services. Please be sure to report all potential third party sources of payment (auto, work comp, supplemental, etc.) If you do not provide us with the needed information in a timely manner, you may be responsible for payment for services rendered. **Balances that are not paid due to errors or omissions in the information you provide may result in the entire balance becoming your responsibility.**

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Insurance Payment & Patient Responsibility

It is your responsibility to understand your insurance plan benefits and your responsibility for copayments, co-insurance, and any deductible amounts for services you receive. See chart below. If you have questions on your insurance benefits coverage, you can call the Member Services Department listed on your insurance card regarding your coverage.

Please keep in mind your insurance policy is a contract between you and your insurance. As a courtesy, we will file your claim.

There are several patient responsibility components that may apply to an insurance payment.

- **Deductible** – a set annual amount that the patient is responsible for paying prior to their insurance making a payment. It is your responsibility to know if Capital City Neurosurgery is an IN network or OUT of network provider under your insurance plan/coverage; there are normally separate deductibles for IN vs OUT of network providers, and they do not combine.

- **Co-Pay** – a set dollar amount per office visit that is the patient's responsibility. You are required to pay your office visit co-pay when you check in for your appointment. **If you do not have your copay, you will be re-scheduled.**

- **Co-Insurance** – a percentage of the charge that is the patient's responsibility. We may ask for payment up front.

Because of the contract you have with your insurance company, we are obligated to collect payment from you for your portion of the balance.

If you have a high deductible plan ($1000 or more) and your insurance company reports a large amount of that deductible is unmet, then a down payment will be required at each visit until your deductible has been met. If you are unable to pay the down payment, then your appointment will be rescheduled.

Your insurance company will send you an Explanation of Benefits (EOB) to provide you with a summary of how your insurance company administered your benefits. This statement will also indicate what your responsibility is on a particular claim. If you disagree with how your benefits were administered, you need to direct your inquiries to your insurance company.

Please remember that it is up to you to understand the requirements of your individual insurance plan and that if a visit is not approved, your insurance company may not cover the service and you will be responsible for the bill. If you're not sure if a service is covered by your plan, we will be glad to call your insurance company in advance to see if you are going to be responsible for the bill. We must emphasize that as your physicians, our relationship and concern is with you and your health, not with your insurance company

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If You Have...	You Are Responsible For...	Our Staff Will...
Commercial Insurance Also known as indemnity, "regular" insurance, or "80%/20% coverage."	Payment of the patient responsibility for all office visits and other charges at the time of office visit including copays and deductibles.	Accept your initial payment and file an insurance claim as a courtesy to you.
HMO & PPO plans (incl. Medicare HMO) with which we have a contract	If the services you receive are covered by the plan: All applicable copays and deductibles are requested at the time of the office visit. If the services you receive are not covered by the plan: Payment in full is requested at the time of the visit.	Accept your initial payment and file an insurance claim as a courtesy to you.
HMO plans (incl. Medicare HMO) with which we are not contracted.	Payment in full for office visits and other charges at the time of office visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.
Point of Service Plan or Out Of Network PPO	Payment of the patient responsibility—deductible, copay, non-covered services—at the time of the visit.	Accept your initial payment and file an insurance claim as a courtesy to you.
Medicare	If you have Regular Medicare, and have not met your $183 deductible, we ask that it be paid at the time of service. Any services not covered by Medicare are requested at the time of the visit. If you have Regular Medicare as primary and also have secondary insurance: No payment is necessary at the time of the visit after your Medicare deductible has been met unless your secondary has a copay or deductible. If you have Regular Medicare as primary, but no secondary insurance: Payment of your 20% copay is requested at the time of the visit.	Accept your Medicare deductible (if applicable) and file the claim on your behalf, as well as any claims to your secondary insurance. Accept any copay/deductible payments for secondary insurances that require them.
Worker's Compensation	If we have C9 approval for your visit No payment is necessary at the time of the visit. If we do not have C9 approval for your visit Your appointment will need to be re-scheduled.	Schedule your appointment after verifying an approved C9.
Personal Injury	Will require a Letter of Protection from your attorney. If one is not on file, payment in full for office visit is expected.	Request a Letter of Protection from your attorney. Send statements to your attorney.
Self Pay/No Insurance	Payment in full at the time of the visit.	Work with you to settle your account. Please ask to speak with our staff if you need assistance.

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As a courtesy, we will work with your insurance company to ensure that you receive all benefits due to you. However, most insurance plans do not pay 100% of the claim and any unpaid balance will become your responsibility. If your insurance company requires excessive time and manpower to manage your claim, you will be responsible for the fees charged by our billing company.

We will be glad to work with you on payment plans for denied and non-covered services. Please contact our office at 614-442-0700 to make arrangements.

Non-Covered Services

We follow current neurosurgery standard of care and appropriate-use guidelines in recommending surgery as part of your care. Please be aware that some parts of your surgical procedure recommended for you may be determined to be non-covered or may be considered "not medically necessary" based on the benefits provided by your specific insurance plan. You will be financially responsible for the costs of non-covered services and services that your insurance carrier declines to cover as "not medically necessary." In the event that our information indicates that a specific service or services may not be covered by your plan, you will be asked to sign an ABN, or Advance Beneficiary Notice, outlining the services that we have determined may not be covered by your plan, and for which you agree to be responsible for payment, before we will provide those services to you. Please understand that even for insurance plans with which we participate, covered benefits may vary from one person's or employer's plan to another, and it is impossible for us to know what is covered under every plan. You are responsible for knowing the covered and non-covered benefits available under your plan. We will be happy to provide, upon request, the billing codes for your planned surgery. If you have questions, contact your employer's personnel department or your plan directly.

Verification of Insurance Coverage

We will verify your insurance coverage, including Medicare, at the time your visit or surgery is scheduled, and again shortly before your scheduled appointment or surgery. If your insurance coverage changes after you schedule your appointment or surgery, please notify us as soon as possible, before your visit. If we are not able to confirm active coverage, you will be considered "self-pay." It may be necessary to reschedule your visit or surgery, depending on the service requested, whether or not we are able to verify your new coverage (and whether we participate with your new carrier), and whether or not you are able to make payment at the time of the visit.

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Payment Methods

We accept a variety of payment methods, including cash, check, money order, or credit/debit cards.

We understand that there may be times and circumstances that come up where you are unable to pay your entire bill. In these situations, it is VERY important that you contact our office at 614-442-0700 so a representative can assist you in setting up a reasonable plan and to keep your account from being sent to a collection agency.

Surgery

If your physician recommends surgery, your surgery will be scheduled by the medical assistant. The medical assistant will answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if your insurance company requires it.

We will require a pre-surgical deposit to go towards your surgery co-payment, deductible or any other amount deemed the patient's responsibility by your insurance carrier. After your insurance company has processed your claims, any amount remaining as a credit balance will be refunded to you.

Referrals

If your plan requires a prior authorization from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If your plan requires a prior authorization and you do not obtain one, you will be held responsible for the visit charges in full at the time of service.

Cancellation/Missed Appointment Policy

We understand that on rare occasions, issues may arise causing you to miss your appointment without the ability to notify our office prior to your appointment. Should you experience any unforeseen circumstance that causes you to miss your appointment, please call our office to have it rescheduled.

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We are committed to your wellbeing and have reserved time just for you. Patients that miss more than one appointment without notifying our office prior to the scheduled appointment are subject to a $50.00 missed appointment fee. This must be paid before the appointment is rescheduled.

The cancellation of a scheduled surgery results in the failure to serve other patients as well as the disruption of the schedules for the Operating room and other Healthcare Professionals.

We, therefore, respectfully request your understanding and cooperation with our Cancellation Policy.

Cancellation within 7 Days prior to your procedure date may result in a 100% loss of the deposit. Cancellations made because of a death or illness in the family will be exempt from this policy, and a full refund will be made.

Failure to Pay for Services Rendered

Returned Checks - For checks returned to us for non-sufficient funds, we will charge a $50 fee. In addition, check privileges will be denied after the first returned check.

Multiple Statements - Capital City Neurosurgery will send you three monthly statements. If you fail to make payment or set up a payment plan, then your account will be referred to the collection agency and your ability to schedule appointments will be suspended. If you have been set up on a payment plan and fail to make two consecutive payments, then your account will be referred to collection. Due to the costs associated with sending out multiple statements, we reserve the right to assess any account with balances older than 90 days a monthly interest rate of 2%. Capital City Neurosurgery does not assess interest if the patient is on a payment plan and making timely payments.

Past Due Accounts - If your account has to be sent to the collection agency, additional fees will be charged. Due to the cost associated with setting up your account at the collection agency, we will add an additional fee of $100 to your account. These charges along with your balance will be your responsibility. You will not be able to schedule visits until your account has been cleared.

Refunds

Overpayments will be refunded to the appropriate party. Patient refunds will not be processed until all pending insurance claims have been paid in full. Refunds of $5 or less will not be issued unless specifically requested. If you have a past due balance with ***Capital City Pain Care***, your credit with ***Capital City Neurosurgery*** will automatically be transferred and applied.

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Completion of Forms

There may be times when you request that we complete forms of various types; examples may include medical histories for life insurance applications, disability forms, FMLA, etc. There will be a charge (see below), payable in advance, for completion of each form. Please understand that completion of such forms requires time by our providers and staff in order to ensure that they are completed accurately. Please allow for 7 business days for the forms to be completed.

- 1-2 pages - $30
- 3 or pages - $60
- Forms filled out by physician - $60

Patient Acknowledgement

I authorize the release of medical information necessary to process claims for my insurance either by mail or electronic submission. I authorize payment of medical benefits to Capital City Neurosurgery for services rendered. I certify the information provided on this form is correct to the best of my knowledge. I understand that I am financially responsible for all charges whether they are covered by insurance or not and will be charged a service fee if sent to a collection agency.

I agree, in order for the practice or third party agency to service my account or to collect any amounts I may owe, they may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. The practice or agency may also contact me by sending text messages or e-mails, using any e-mail address provided by me. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I have read and agree to the above policies.

I have received and understand the Financial Policy of Capital City Neurosurgery.

_____ _____

Signature Date

_____

Patient Name

A COPY OF THIS FORM WILL BE PROVIDED AT YOUR REQUEST. PLEASE INFORM THE RECEPTIONIST