



FINANCIAL POLICY

The primary goal of Northwest Neurology (NWN) is to provide excellent neurological care to our patients. NWN has been providing services to patients since 1983, we have grown to 34 providers and 8 offices and we are still true to our original goal which is “excellent patient care”.

We are providing each patient with our “**Financial Policy**” because of all the recent changes to insurance plans, most notably the high deductible plans where the patient has an increased financial responsibility until the deductible has been satisfied. Please carefully read our policy on billing patients for their portion of the bill, we want to be assured that you understand your responsibility.

Medicare:

We are Medicare participating providers. We will bill Medicare and any secondary or supplemental policies that you have. You are responsible for any annual deductible, coinsurance, copay or out-of-pocket expense.

Non-Medicare or Commercial Plans such as: BCBS, United Healthcare, Aetna, CIGNA, Humana

If we are contracted with your insurance and in-network, we will file a claim for services rendered by Northwest Neurology providers. We will bill both your primary and secondary insurance companies for contracted plans. You are responsible for any copay, deductible, or out-of-pocket expense. The only Medicaid plan accepted is Meridian APP. We do not accept Medicaid secondary to any commercial carriers.

Self-Pay Patients:

Payment for Self-Pay Patients services must be made at the time of service.

No Show Policy:

If you are unable to keep your scheduled appointment, we require a 48 hr notice. There will be a \$100 charge for every appointment missed without proper notification.

Payment for Balances after Insurance:

We will file claim(s) on your behalf. After insurance processes your claim, we will send you a statement that reflects the amount you owe (copay, deductible, coinsurance). Payment in full is due within 30 days upon receipt of your first statement. For your convenience, you can pay your balance in our office during regular business hours, online at our website www.northwestneuro.com, by phone, or by mail.

- Patients have 30 days to pay the balance and will only receive **2** statements, failure to pay the entire balance within 45 days of receipt of the first statement will result in your account being sent to our outside collection agency. A collection fee of 20% will be added to your account if sent to collections.



- Our contract with your insurance forbids us to write-off any part of your deductible. Writing off any part of your deductible is against Section 231H of HIPAA anti-kickback laws and is considered illegal.
- For balances greater than \$1000 we may consider 3 equal payments depending on each individual patient's financial condition.

Motor Vehicle Accident Claims, Personal Injury and Worker's Compensation (WC) Claims:

We do not recognize Motor Vehicle insurance as an insurer to pay your medical claims, we will only bill your medical insurer for motor vehicle accident patients. There are no exceptions to this policy.

When we schedule you for a WC injury case, please note that It is your responsibility to provide us with the name and address of the WC insurance carrier along with your claim number at that time. If we do not have verifiable billing information, we will not begin your treatment, if your treatment has already started for a WC injury, we will only continue to provide services on a cash basis until we receive the necessary billing information pertaining to your injury. Payment for each visit will be expected at time of service. A receipt will be provided so that you may submit a claim to your insurance company on your own.

If your insurance company, including, but not limited to, worker's compensation insurance or medical insurance denies your claim, closes your claim, or, for whatever reason, does not pay for your medical expenses at Northwest Neurology, you will be personally responsible for paying the financial charges accrued during the visits to our office.

Please sign below stating that you have read and understand pages 1 and 2 of the policy:

Patient Signature

Date

Patient Printed Name

NWN Employee witnessing Signature

Date