

FINANCIAL / PAYMENT POLICY STATEMENT

COLLIER NEUROLOGIC SPECIALISTS, L.L.C.

730 GOODLETTE ROAD NORTH, SUITE 100* NAPLES, FLORIDA 34102

MEDICARE (Part B): We accept Medicare assignment on Medicare and Medicare replacement and will bill on your behalf. After September 1, 2007 we will bill your secondary insurance one time and if payment is not received within 45 days you will be responsible for payment. Please be aware that Medicare is subject to an annual deductible.

PRIVATE INSURANCE PLANS AND MANAGED CARE PLANS: At the time of service you will be responsible for your co-payment, co-insurance, or deductible if applicable. All charges will be billed directly to your insurance carrier from our office. In addition, there may be charges that are not covered by a particular plan or co-insurance amounts and these will be solely your responsibility to pay promptly.

NO-FAULT (AUTO) AND LIABILITY: If the patient provides our office with the necessary insurance information, we will bill your no-fault auto carrier for the Physicians' services. If and when your PIP benefits exhaust we will bill your health insurance carrier if you provide us with the information. If you have no insurance you will be responsible for the charges.

Collier Neurologic **does not accept Letters of Protection (LOP)** under any circumstances. The Physician is not a party to your liability case and it remains your responsibility to provide prompt payment to the Physician for all services rendered. As payment is made to the Physician, with a signed release on file, we will certainly cooperate with your attorney to provide any necessary medical and billing information.

WORKER'S COMPENSATION: **Your adjuster must schedule your appointments.** Our office will bill your employer's carrier directly for services rendered. If it is determined that your injury is not covered under worker's compensation insurance, our standard fees will apply to services rendered and you will be responsible for the charges.

NO SHOW OR CANCELLATION POLICY: **If an appointment is missed or cancelled the same day as the appointment you will be charged \$ 25.00.** You may not be able to schedule another appointment until the charge is paid.

COLLECTION OF DELINQUENT ACCOUNTS: In the event that the patient's account balance is referred to an attorney and/or collection agency for payment, the patient agrees to pay all reasonable costs associated with the collection process. This will include any attorney fees accumulated.

ACKNOWLEDGEMENT AND CONSENT: I have read the above financial policy for COLLIER NEUROLOGIC SPECIALISTS, L.L.C., (Drs. Baker, Campbell, Colon, Dernbach, Justiz, Krueger, Santiago, Rabbani, Smith and Parkinson) and agree to be bound by its terms and conditions. I authorize release of all medical information necessary to process my medical claims. I also authorize my insurance company to make payment directly to my Physician at COLLIER NEUROLOGIC SPECIALISTS, L.L.C, for services rendered.

Please print patient's name

Date

Signature of Patient or Responsible Party

Date

