

Bellevue Neurology

Patient Consent/Financial Policy

INSURANCE COVERAGE AND FINANCIAL POLICY

Our billing office will bill your insurance for your visit for a plan in which the practice participates. Please bring your insurance card(s) and identification with you to each appointment. The amount for which you are responsible (any deductibles, copays, percentages or non-covered services) is required at the time of service. You are responsible for knowing the specific rules of your insurance carrier. Bellevue Neurology is contracted (in-network) with several insurance carriers, however, if we are not contracted with your insurance carrier, you may be required to pay a higher fee than if you were seen by a contracted (in-network) provider. If you do not have one of the plans with which the practice is contracted, the total cost of your visit is required at the time of service. If at any time you are concerned about the cost of a visit, you may ask for someone from the business office who will be happy to discuss the cost with you.

MANAGED CARE REFERRAL PROCESS

Your plan may require a referral from your primary care physician (PCP) to be on file with them before seeing a specialist. If a referral is required, it is your responsibility to work with your PCP to obtain this referral before your appointment. If Bellevue Neurology is unable to verify that your insurance carrier has a referral on file, your appointment will be rescheduled or if you are seen without a valid referral, all charges will be your responsibility.

PAYMENT OF POST VISIT BALANCES

All post-visit balances must be paid within 30 days of when the balance becomes the patient's responsibility and a statement from Bellevue Neurology is received. An \$3.00 rebilling fee will apply each month thereafter. If you have any questions regarding your statement or outstanding balance you may contact our billing specialist at (425)412-3280.

CANCELLATION/RESCHEDULING

Your appointment reserves a time especially for you. Because we make every effort to see patients on time, we do not overbook or double-book to accommodate patients who do not keep their appointments. Therefore, the practice charges \$50.00 for missed appointments that are not rescheduled or cancelled with at least one business day's notice.

COMPLETION OF OUTSIDE PAPERWORK

Bellevue Neurology will charge a Processing Fee of \$25.00 (+) \$5.00 per page to complete Outside Paperwork outside of your appointment time. This includes Disability Forms and FMLA Paperwork. Payment is required in advance and paperwork will not be processed until payment is received. Please allow one week for paperwork to be completed.

AUTHORIZATION OF CARE

I grant permission for Bellevue Neurology to render such care that my physician may deem necessary in my diagnosis and treatment. I understand that such care may include medical treatment and minor surgical procedures.

HIPAA NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been given or offered the Bellevue Neurology HIPAA Notices of Privacy Practices.

Patient Name: _____
Signature of Patient or Representative *Relationship to Patient Date

*If the patient is unable to sign this agreement or is a minor, I am entering into the agreement on behalf of and as the legally authorized representative of the Patient.

Revision 10/14/2016