

**DALLAS NEUROLOGICAL ASSOCIATES
FINANCIAL AND OFFICE POLICIES**

Welcome to our practice. We are committed to providing you with quality healthcare. The following are our Financial and Office Policies. Please read them, sign the attached signature page, copy provided upon request.

Insurance Claims:

Insurance is a contract between you and your health plan provider. As a courtesy, we will file with your primary insurance carrier. Secondary filing is NOT provided by our office. Failure to provide complete or updated information may result in patient responsibility for the cost of the entire visit. It is the health plan provider that makes the final determination of your eligibility and benefits. In the event your plan provider determines any service to be "not covered"; you will be financially responsible for payment of the uncovered charge. We will not become involved in disputes between you and your health plan provider (insurance carrier). If payment is not received within 60 days from your insurance company, you will become responsible for the outstanding balance. We are not responsible for your insurance or your bill. We will collect payment in full if we are unable to verify your current insurance information.

Claims submission:

Your insurance may require additional information from you in order to process the claim. Failure to comply with their request will result in full patient responsibility for the claim.

Insurance Co-payment/Deductible and/or Non-payment::

We will not waive co-payment, deductible, co-insurance, out-of-pocket or non-covered service amount defined as patient responsibility under the terms of our contract with your health plan provider. Our contract with your carrier requires us to collect all co-payment, deductible, co-insurance, out-of-pocket or non-covered service amounts at the time of your office visit.

If your insurance carrier requires you to have an insurance referral prior to seeing a specialist, you are responsible for obtaining this referral. Failure to obtain a referral and/or preauthorization may result in denial of your claim from your health plan provider and the full balance will become your responsibility.

Late Arrivals:

Late arrivals will be rescheduled.

Cancellations/Reschedule/No Show

Two business day notice is required for appointment change or cancellation. Any missed appointment will be charged a fee of \$50.00. A missed procedure appointment will be charged a \$100.00 fee. Our automated reminder calls are given as a courtesy, however, it is the patient responsibility to attend all scheduled appointments.

Payments:

Please be prepared to make payment at each scheduled visit. Any outstanding balance will be collected in full by the front desk, prior to your visit with the doctor or when obtaining other service.

Cash, personal check, Visa, MasterCard, Discover or American Express are accepted methods of payment. To make a payment by phone call 972.783.8900 opt. 5.

Additional Appointment Fees:

- Your physician reserves the right to charge a prolonged service fee when deemed appropriate. This may or may not be covered by your insurance.
- Any portion of this service denied by your health plan provider will become your full responsibility. Private-Pay patients will be billed directly.
- New patient appointments are subject to a \$100 deposit charged at the time of scheduling. The deposit will be applied towards the completed appointment. The deposit is non-refundable if the scheduled appointment is missed or was not cancelled 2 business days prior to the appointment.

Prescription Refills:

There is a charge for all C2 prescriptions at the time of request. A refill approval may be withheld if account is not in good standing and will not be approved until delinquent account balance is paid in full and all compliance is met.

C2 script charges: \$5 per medication for e-prescribe, \$10 each if hand written. (Only handwritten if the pharmacy does not accept e-prescribe.)

Our office requires a 2 business day notice when requesting any medication refill.

Outpatient Procedures Ordered:

Patients are financially responsible for any outpatient procedure(s) ordered by their physician. Our office will assist in obtaining proper authorizations for the procedure prior to the date and time. You, the insured, are ultimately responsible for what your coverage requires and we suggest you contact your insurance carrier to verify your benefits and preauthorization requirements prior to having the procedure done. Our office will not be responsible for your charges.

Disclaimer:

You are informed by this Notice that Dr. John H. Harney holds a financial interest in Preferred Imaging. You have the option, at your discretion, to use an alternate healthcare facility.