Vero Neurospine

1040 37th Place, Suite 101, Vero Beach, FL 32960, (772)205-3345(phone), (772)205-3346(fax)

FINANCIAL POLICIES

Thank you for choosing Vero Neurospine for your neurosurgical care. We appreciate that you have entrusted us with your healthcare needs. We are committed to providing you the best patient care.

Healthcare benefits and coverage options have become increasingly complex, so we have developed this financial policy to help you understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to submitting your insurance claim for reimbursement.

Your health insurance policy is a contract between you and your health insurance company. Please note that it is your responsibility to know if your insurance requires referrals, pre-certifications, pre-authorizations, limits on outpatient charges, and any requirements for specific physicians, labs and /or hospitals to use. You should be knowledgeable of any deductibles, co-payments, and/or co-insurance or other out - of - pocket expenses for your care.

If you are uncertain about your current health insurance policy benefits you should contact your plan administrator to learn the details about your benefits.

INSURANCE COVERAGE
Please provide us with your current insurance plan information at the time of *each* visit and notify us of any changes. We will request a copy of your insurance card to copy or scan and keep on file for our records. Please be aware of and provide required referrals or authorizations prior to your appointment. If this information is not available, you will be responsible for the cost of the care.

Our doctor belongs to different insurance plans. At times, our doctor is "out of network", in this case you will be billed for the services provided. Full payment will be required at the time of service for routine visits. After your appointment, we will submit a claim to your insurance for services performed. Depending on your plan, payment may be sent directly to you. If you receive this payment, please forward it to *Vero Neurospine*.

ADDRESS CHANGE
It is important that *Vero Neurospine* has your current address information on file (that is consistent with your insurance contract). Please advise us if there is any change to your address, telephone or other contact information.

COPAYMENTS/CO-INSURANCES/DEDUCTIBLES
You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service.

PAYMENT
Payment is due at the time services are provided or upon receipt of a statement from our billing office. We accept payment in the form of cash, check, money order or credit card (American Express, MasterCard, Visa). Returned checks are subject to a fee of $25. We do not accept traveler's checks.

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NON-MEDICAL FEES
Additional fees may apply to the following: Returned checks, Copying of medical records, Completion of disability or other forms.

FAILURE TO PAY
If you do not pay your bill, your account may be sent to an outside collection agency. If your account is sent to a collection agency, you will need to contact them directly to settle your balances.

POLICY AND FEE CHANGES
These policy and fees are subject to change. We will keep you informed of any modifications. We realize that medical care is an unexpected expense. If you have any concerns about your ability to pay, you can contact us for help in managing your account. If you have questions about these policies, please contact our billing office at (772) 205-3345.

REFUNDS
A refund is issued when an overpayment has been identified. If you feel a refund is due, please contact our billing office at (772) 205-3345.

MISSED APPOINTMENTS
As a courtesy to other patients and our physician, please provide 24- hour advance notice if you are unable to keep your appointment.

ACKNOWLEDGEMENT AND AGREEMENT
I HAVE RECEIVED, READ, AND UNDERSTAND THE VERO NEUROSPINE FINANCIAL POLICIES. I AGREE TO THE FINANCIAL POLICIES.

_____ _____
PATIENT NAME DATE

_____
SIGNATURE