Crescent
NEUROLOGY AND SLEEP

FINANCIAL POLICY AND DISCLOSURE

Insurance policy:

- If you are insured, **you** are responsible for knowing your insurance policy. We will file to your insurance. Please make sure you provide us the accurate and complete insurance information.
- If a service is provided that is not covered by your insurance, you will be notified and be responsible for any payment at the time of service.
- Deductibles, co-payments, and coinsurance will be collected before services are rendered. We do not accept personal checks.
- In special circumstances we may need your help in contacting your insurance for the payment of your services. We assume your consent in this process with your insurance carrier.

Self-Pay Policy:

- If you are a self-pay patient, you will be required to pay for the visit before services are rendered.

Overdue and Credit Balances:

- All overdue patient balances past 3 months will be sent to collections.
- If your balance has been sent to collections, you will not be seen until your balance is paid in full.

Credit/Debit Card On File Policy:

- We require keeping your credit or debit card on file for a convenient method of payment for the portion of services rendered that your insurance does not cover. This includes deductibles, co-payments, coinsurance, and any other acquired fees. We will notify you prior to any charges made.
- All credit/debit card information is kept confidential and secure with compliance to PCI standards.

Guarantor Policy:

- The parent or guardian who brings the patient into our office will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who is the primary policy holder. We ask you: (1) Provide us with current and updated information on yourself and for your insurance company. (2) Present an updated photo identification card and insurance card when changes are made. (3) Make the appropriate payment at the time of service, whether it is a deductible, copay, coinsurance, or for the full amount if you are a self-pay patient.

No show policy:

- You must notify our office no less than 24 hours prior to your appointment if you need to cancel or re-schedule. Failure to do so will result in a $75 non-refundable charge. No exceptions as the office contacts you by text, phone call, and email to confirm appointments.
- After 3 no show visits or 3 consecutive cancellations will result in dismissal from the practice.

Form Charges:

- Seizure action plans will be filled free of charge.
- Simple school forms that only require listing the diagnosis and medications taken will be given free of charge.
- Any other forms for school, such as typed letters for any purpose (ie: clearance letters, scholarship recommendations, etc.) or any FMLA forms will be charged a $25.00