



Pediatric Neurology of Jacksonville

PAYMENT POLICY

PLEASE REVIEW CAREFULLY AND ASK STAFF TO EXPLAIN TERMS THAT ARE UNFAMILIAR OR CONFUSING. SIGNATURE IS REQUIRED.

All patients must provide us with valid identification (driver's license) and a current and valid copy of your primary (and secondary if applicable) insurance card(s) to provide proof of insurance. We do our best to confirm your insurance eligibility and determine what amounts you will owe prior to your visit, but sometimes that amount changes depending on the scope of services actually provided. Our policy is to collect co-payments, deductibles and co-insurance amounts on the same day that services are rendered unless other arrangements have been made in advance. The practice accepts cash, debit and credit card payments.

Insurance

Our practice is contracted with most insurance companies and we will submit claims to those companies on your behalf. Insurance plans may restrict the type and/or number of services covered and/or the number or type of eligible providers. Knowing your insurance benefits is your responsibility. Please contact your insurance company with questions you may have regarding your coverage and confirm that our doctors participate with your insurance plan, whether or not a primary care referral or insurance authorization is required, and that the services you require are actually covered by your health plan. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. If we are not contracted with your insurance company, payment for all services is expected at the time of service. As a courtesy, we will submit claims to your insurance company. If you do not have insurance coverage, payment for all services is expected at the time of service.

Co-payments and deductibles

All co-payments, deductibles and co-insurance amounts required by your insurance company must be paid at the time of service without exception.

Non-covered services

Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurance plan. You must pay for these services in full at the time of visit.

Claims submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Missed appointments

You may be charged a fee for missed appointments not canceled at least one day in advance. These charges will be your responsibility and billed directly to you. Please verify what this office charges for missed appointments fee with the Front Desk or office manager. Please help us to serve you better by keeping your regularly scheduled appointment. Excessive missed appointments will result in discharge from the practice

Payment amounts are as follows:**No Shows**

Missed Appointment	\$50
Late Cancellation	\$50
Missed Procedure	\$200

Out-Of-Network

New Patients	\$200 Deposit
Established Patients	\$150 Deposit
Procedure (EEG)	\$250 Deposit

Self-Pay

New Patients	Total Charge of \$415
Established Patients	Total Charge of \$210
Procedures (EEG)	Total Charge of \$450

Parent/Guardian Signature: _____ Date: _____

Print Name: _____