



Dear Patient:

We are pleased that you have chosen **Gregory J. O'Shanick, M.D. and The Center for Neurorehabilitation Services, P.C.** for your care. We, the staff members, will be available to help you schedule appointments and understand our office procedures. The following information concerning the financial policy of the practice is important.

Payment is expected at the time service is rendered unless other arrangements have been made ahead of time. All patients who do not pay in full for services when they are rendered will be expected to fill out completely and sign case specific paperwork when asked by the staff.

If you have health insurance, we will be happy to assist you in filing your claim with your carrier so that you will be reimbursed promptly and correctly. Please bring your insurance card and any other information regarding your insurance that you feel will be helpful for us to prepare your claim. If pre-authorizations or notifications are required by your insurance plan, you are responsible for obtaining those as specified by your insurance.

If you are a Medicare patient, you will need to sign the "Medicare Private Contract" form that is mandated for all providers to present and have signed prior to any services when the provider is in "Opt Out" status. Our bills cannot be submitted to Medicare at all, however, if you have a "secondary" insurance, we might be able to bill them with a copy of our "Opt Out" affidavit.

Thank you. Please let us know if you have any questions about this letter or our Financial Policy for Patients that is attached to this letter.

7401 Beaufont Springs Drive • Suite 205 • Richmond, VA 23225

(804) 272-0114 • Fax (804) 272-1125



FINANCIAL POLICY FOR PATIENTS

We are dedicated to providing the best possible care and service to you and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance. We accept all major credit cards and Debit Cards for your convenience. We reserve the right to add a legally allowed processing fee to certain credit card payments. We do offer installment plans and sliding scale fees to qualified patients. There is a set of required paperwork that must be filled out completely for anyone to be considered for either of those programs. This paperwork is not negotiable. All patients must sign a legal lien form if they are not paying for their services when they are rendered. This is also not negotiable.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to the practice- in other words you agree to have your insurance company pay the practice directly. If you use our bills to file for insurance proceeds (including "Medpay" from an automobile policy) and those payments go directly to you and you have not paid for those services at the time they were rendered, we expect that you promptly pay for your service in full when you receive those funds. If it becomes obvious to us that you are receiving any funds for the services we have provided and have not turned around and paid us for those services we will insist on full payment at the time of service and/or pursue all avenues available to ensure payment of our bill.
3. If we agree to bill your insurance company and we have made arrangements to receive those payments directly, you will be expected to make your "co-pay" or "coinsurance" payments at the time of service. These payments are not considered "payment plan" payments and do not qualify as the necessary "monthly" payment to avoid interest charges.
4. We will assess interest fees on all unpaid balances over 31 days unless we have received a monthly payment plan payment (copays and coinsurance or other insurance payments do not qualify). This is not negotiable and all balances over 31 days will be assessed the interest

fees regardless of whether you have a legal case, insurance or other reason that you are not paying for services when rendered.

5. If your insurance company does not allow assignment of benefits for no participation providers, we will prepare and send the claim for you on an unassigned basis. This means your insurer will send the payment directly to you. We will allow the first few services to be provided with only the copay or coinsurance payment at the time of service to see what is the outcome of the claim(s). Once a precedent is established we will expect payment of the amount not covered by the insurance at the time of service and if payment is received by you for a service provided by our practice and you keep those payments and do not use the payments to pay for your services here, we will require payment in full at the time of service from then on and we will expect any past due balances to be addressed quickly or we will pursue collections.
6. Not all insurance plans cover certain services. In the event your plan determines a service to be “not covered,” you will be responsible for the complete charge. Payment or installment plan payment is expected upon receipt of a statement from our practice. We will work with your insurance company to maximize reimbursement and pursue all methods available to assist you with these claims.
7. If you have a deductible with your insurance plan we expect you to pay for services at the time they are rendered if you know you are still “meeting your deductible”. You can call your insurance company before an appointment to ask what the status of your deductible is at the time if you do not know. Many insurance companies will demand and grant “authorizations” or “preauthorizations” for medically necessary services. This is not a guarantee of payment. Please review your particular policy before coming to the office or bring your subscriber handbook and our staff will be happy to help you look at it and understand what the policy allows. We will assist when we can with any authorization issues but this is the responsibility of the parties with the contract (patient/ insurance company) and is more likely to be resolved positively by you.
8. All patients with legal cases at the time they begin services at our practice must sign all applicable forms we require and have their attorney do so also. We require that any patients who do not pay their bill and are expecting to pay their bill from any proceeds obtained in a legal action to sign a lien form that allows their attorney to pay the full outstanding balance of your bill directly out of the monies received from a legal case. All patients receive monthly statements for open balances and if you have any questions or concerns about your bill you should address them as soon as you receive your monthly statement. We will consider all charges “undisputed” unless you do so within a 30 day billing cycle. If you are involved in a legal case there are often other charges incurred on your behalf by your attorney or other persons hired by your attorney to litigate your case. These charges are billed directly to your attorney and payment is expected within 7 days. There will be a separate signed agreement between the lawyer (firm) and this practice for those types of charges. These charges will be reflected on your monthly statement even if they have been incurred or paid by your attorney for your information.

9. We want to work with you and encourage you to stay in contact with our office if you are having financial difficulties. If we are unfortunately forced to pursue collections there are additional charges and attorney's fees that will be added to your balance but we prefer to avoid that process if at all possible. A lack of communication for 3 months will flag your account for review.
10. The medical and therapy providers do not have any knowledge or involvement with your billing account. We feel that it is critical that the financial aspects be kept apart from the medical care treatment process to ensure that all patients receive the highest level of care that the physician and therapists agree is necessary for the best outcome. Therefore, we do not "provide" with any insurance companies to maintain the autonomy and integrity of the level of medical and therapeutic services provided to the patients and their families. We provide to and with the persons needing the care not the business organization that makes decisions about "medical necessity" based on business and financial gain versus best possible outcome. We do not turn any patients away and we do not stop services/treatment before we feel that the maximum outcome has been achieved, regardless of an insurance company business regulation.
11. All scheduled appointments must be canceled with 24 hours notice or you will be billed the full amount of the scheduled appointment.

I have read and understand the financial policy of the practice and I agree to be bound by its **terms. I also understand and agree that such terms may be amended from time-to-time by the practice.**

Signature of Patient or Responsible Party

Date

Please Print the Name of the Patient or Responsible Party