

Financial Policy

INTRODUCTION:

Diamond Headache Clinic & Purath Headache & Neurology is a professional business providing health-related diagnostic and therapeutic services to patients with the expectation of making the profit necessary to financially support its employees, to pay its expenses, and to develop future services. Any professional relationship requires honest financial accountability. At each office visit or encounter, the patient will be asked to provide a current mailing address and telephone number as well as third-party information necessary for billing purposes. This information should be given to a billing representative or receptionist. The doctor or nurse will need to know the identity of the insurance company in order to make proper referrals under the managed care contract; thus, proper identification is essential.

CHARGES FOR PROFESSIONAL SERVICES:

Every professional service and associated expense will be charged to the patient according to a fee schedule determined by the Clinic. Contractual discounts to third parties agreed to by the Clinic will be honored in good faith. No fee or charge can be reduced or waived without the permission of the administrator, billing manager, or his or her designee. An estimate of fees can be requested. Monthly statements of payment transactions and the total amount owed will be sent until the debt is satisfied.

INSURANCE:

Health insurance is primarily a contract between the patient and the insurance company; however, Diamond Headache Clinic & Purath Headache & Neurology also has mutually agreed contractual obligations with certain private and governmental entities. The patient is primarily responsible for holding the insurance company accountable for claims reimbursement. Diamond Headache Clinic & Purath Headache & Neurology will make available substantial resources to facilitate insurance payment and will dedicate its resources toward its own contractual obligations with these entities.

PAYMENT:

Payment for services rendered is due on the date of service and is part of the professional relationship. Diamond Headache Clinic & Purath Headache & Neurology reserves the right to request payment of the total fee on the date due unless directed otherwise by contract cash, check, money order, and most credit/debit cards will be acceptable methods of payment. **All co-payments and deductibles will be collected at the time of service.** Non-urgent professional services may be delayed or terminated within the guidelines of good medical practice for bad-faith patient noncompliance with this financial policy. Only the administrator, billing manager, or their designated representative can amend this policy.

CREDIT:

Credit will be extended for 60 days to patients with valid insurance policies applicable to the charges for Services after fulfillment of appropriate deductibles and co-payments. After 60 days all payments are due. Diamond Headache Clinic & Purath Headache & Neurology will utilize all reasonable means to collect funds. Defaults in payment of agreed amounts may be referred to a collection agency for payment.

RESPONSIBILITIES OF THE CLINIC:

The Clinic will utilize its best effort to obtain necessary pre-certifications for requested procedures required by contracted third parties to facilitate approval for payment thereof. Failure to obtain pre-certifications or approval from the insurance company does not necessarily mean that the requested procedure is not medically necessary; in this circumstance, the patient may be financially responsible for services ordered or rendered. Upon receiving accurate third-party information, the Clinic will file the appropriate approved claim to the appropriate entity.

RESPONSIBILITY OF THE PATIENT:

The patient should contact the insurance company and/or third parties for necessary pre-certifications needed for insurance or third-party payment prior to the office visit. A telephone number on the back of the insurance card can usually be used to obtain this information. We ask that patients make total payment when the debt is due.

- We encourage patients to proactively discuss extenuating circumstances with the Clinic.
- The Clinic will uniformly and fairly enforce this policy and procedure.

This office reserves the right to change its fees at any time without prior notice

I have read, understand and agree with the Clinic Financial Policy

Name: _____

Date: _____

Signature: _____