

## OUR FINANCIAL POLICY

Thank you for choosing Tyler Neurosurgical Associates as your health care provider. We are committed to your treatment being successful. Please understand that payment of your account is considered *a part of your treatment*. The following is a statement of our financial policy which we ask that you read, agree to, and sign prior to any treatment.

- ❖ All patient must complete the “ Patient Information” for before seeing the doctor.
- ❖ Your share of the cost of our services is due at the time of service.
- ❖ The adult accompanying a minor is the responsible party for payment of our services.

**INSURANCE:** Our physicians are providers for most major insurers including HMO’s and PPO’s. HMO insurers may require authorization from your primary doctor, prior to seeing a specialist. *You must get that insurance authorization prior to your appointment with us to receive maximum benefits.* We accept assignments for Medicare. We do not file on MVA/auto insurance, and do not accept attorney “Letter of Protection”.

**COPAYS:** Your copays and deductibles are due at the time of service.

**USUAL AND CUSTOMARY CHARGES:** Our practice is committed to providing the best treatment possible for our patients. We charge what we believe to be the usual and customary fees for our area. You are responsible for paying the bill in full, regardless of your insurance company’s interpretation of usual and customary rates.

**SURGERY FINANCIAL ARRANGEMENT:** Many of the patients referred to Tyler Neurosurgical Associates require surgical treatment. If surgery is indicated, we will precertify your surgery with your insurance carrier. We will also verify your insurance benefits, and get deductible and out-of-pocket status. From this information we can estimate the patient portion of the surgeon and assistant surgeon fees. The patient portion of the surgical fee is *collected prior to the surgery* (unless prior arrangements are made with our accounts manager).

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read, understand, and agree to the above stated financial policy.

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Patient or responsible party

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Date