

**YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR COVERAGE**

**Bring your insurance and/or Medicare card with you to each office visit. If your plan or insurance coverage changes and you are issued a new card, it is your responsibility to notify us immediately. We cannot be responsible for charges that are denied because we have relied on information that is not current. In this event you will be personally responsible for your bill.**

Currently our office participates with the following insurance plans: **Cigna, Oxford, United Healthcare (NOT the UHC Community Plan), Traditional Medicare, Aetna Medicare, and Aetna (NOT the Aexcel product, NJ Savings Plus Individual EPO or Medicare Advantage Northern NJ Prime HMO).** If your insurance is not listed above, it **DOES NOT mean that we cannot see you, however** if we do not participate with your plan you will be responsible for payment in full at the time of your visit unless you make prior arrangements with our Business Office.

If your plan requires a referral, we must have it in hand **48 hours** before your scheduled appointment or your appointment will **automatically be cancelled**. **Co-payments** are required at the time of your visit and they will be collected **when you check in**. If your insurance company does not cover your entire balance, you are responsible for your remaining balance: your annual deductible, co insurance, and co payment.

Some of the services that you receive may be deemed as "non covered" under your policy. You are responsible for understanding the payment policies, guidelines, and limitations of your insurance plan. If you receive a non covered service you will be billed, either at the time of your visit or by statement dependent upon circumstances.

**Insurance Purchased through the Health Insurance Marketplace \*Patient Protection & Affordable Care Act (PPACA)**

If we participate in your plan and you have not paid your plan premium the PPACA requires health insurance plans to provide a three month grace period before your coverage is terminated. Should your coverage be terminated for "non payment", you will be balance billed our full charges and responsible for payment for services rendered during the grace period.

**Our Billing and Collections Process**

You will receive regular statements from our office. You can also review your statement online via our Patient Portal. Payment is due upon your receipt of a statement. If you fail to make payment on your balance at the end of 30 calendar days you may be charged an additional monthly administrative fee. This fee will be cumulative each month until your balance has been satisfied in full. We will accept cash, checks, American Express, Discover, Mastercard, and Visa as forms of payment. You can also pay your bill online using "ePayitonline" which is a service of Moneris. You will need your billing statement from us as it will contain a user name and password that are required so that you can log on to the payment site.

### **Our Check Policy**

When you use a check to pay for our services, you agree to the following terms: in the event your check is dishonored or returned for any reason, you authorize us to represent your check to your bank for collection either electronically or by paper draft. You further understand that you will be charged for any additional applicable fees as permitted by law.

### **If Your Account Becomes Delinquent**

We will do our very best to work with you. Aside from sending statements, our billing office may contact you by telephone and/or by one or more letters. If you do not respond to our attempts to discuss your balance **we may refer your account to an outside collection agency**. Once your account has left our office for collections we can no longer communicate with you regarding your balance and you must address your circumstances with the agency. You will also be directly responsible for any additional fees associated with the collection of your balance. You should also be aware that referral of your balance to a collection agent may constitute grounds for your discharge from the practice.

### **Our Cancellation and No Show Policy**

The time that we set aside for your appointment is important and affects our efforts to efficiently serve all of our patients. If you are unable to keep your appointment you must provide us with notice at least 24 business hours in advance of your appointment. For example, if your appointment is scheduled for 9 a.m. you must call us by 9 a.m. of the last business day before your appointment. Our secretaries are available for telephone calls 9 a.m. - 4:45 p.m., Monday - Friday. If you are a new patient or if you have been scheduled for a diagnostic test, you will be charged a fee of \$100\* if you fail to provide sufficient cancellation notice or do not show up for your appointment. If you are scheduled for a return office visit you will be charged a \$50\* fee should you not cancel or show up for your appointment.

If you have any questions regarding our guidelines please feel free to contact our Business Office Manager, Debby Petrosky at 201-444-0868, extension 257. For more information visit our web site: [www.neurobergen.com](http://www.neurobergen.com)

Your signature below acknowledges that you have read and understood our policies and your responsibility regarding the charges and fees that you have incurred as a result of services that you have received from the Neurology Group of Bergen County, P.A.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian or Responsible Party)

Print Name: \_\_\_\_\_

\* Subject to change without notice