

FINANCIAL POLICY

Please read this policy carefully. Payment is expected at the time of service unless other arrangements have been made prior to the appointment. Our Patient Accounts representatives are available Monday through Friday from 8:00 AM to 4:30 PM to discuss financial arrangements. For your convenience, we accept MasterCard, Visa, Discover, American Express, and CareCredit. Please call (317) 396-1300 or toll free 888-363-8762.

Indianapolis Neurosurgical Group (ING) contracts with patients for their medical care; any arrangements made by the patient with attorneys, insurance companies, or other third party payers will not be considered in the collection of your account.

Charges for Professional Services – Every professional service and associated expense rendered will be charged to the patient according to a fee schedule prospectively determined by the clinic. Contractual discounts to third parties prospectively agreed to by the clinic will be honored in good faith. No fee or charge can be reduced or waived without the permission of only the administrator, billing manager, or his or her designee. An estimate of these fees can be requested prospectively.

Insurance – Health insurance is primarily a contract between the patient and the insurance company; however, Indianapolis Neurosurgical Group also has mutually agreed contractual obligations with certain private and government entities. The patient is primarily responsible for holding the insurance company accountable for claims reimbursement. Indianapolis Neurosurgical Group will make available substantial resources to facilitate insurance payment and will dedicate resources towards contractual obligations with these entities.

Payment – Payment for services rendered is due on the date of service and is part of the professional relationship. ING reserves the right to request payment of the total negotiated fee on the date due unless directed otherwise by contract.

All co-payments will be collected at the time of service. All past-due balances or balances in collection must be paid prior to seeing ING practitioner.

Non-urgent professional services may be delayed or terminated within the guidelines of good medical-practice for bad-faith patient non-compliance with this financial policy. Only the administrator, billing manager, or their designated representative can amend this policy.

Down-Payment for Non-Urgent Surgical Procedures – Patient will be responsible for paying any deductible, coinsurance, and co-pays prior to receiving non-urgent surgical services from ING physicians. Benefits will be verified prior to scheduling the surgery and patient will be notified via telephone and mail of financial obligations. Down payment must be received prior to scheduled surgery. Failure to pay required down-payment may result in cancellation of surgery.

Patient Referrals and Out of Network – If patient is enrolled with an insurance carrier with network benefits, patient is entitled to full benefits of said plan when certain guidelines are followed. If patient does not obtain a referral from his/her Primary Care Physician (PCP) for services rendered by ING physician or provider, patient may be responsible for all or a portion of charges incurred. Patient will be responsible for charges incurred when choosing to go out of the designated managed care network.

Collection Agencies – Indianapolis Neurosurgical Group will use all reasonable means to collect owed funds. Defaults in payment of agreed amounts will be referred to a collection agency for payment. Patient will be responsible for collection agency fees incurred while account is in collection.

Non-Sufficient Funds (NSF) – Indianapolis Neurosurgical Group will charge a \$25 fee for all checks returned by the bank for non-sufficient funds.

Medicare Patients - Indianapolis Neurosurgical Group physicians are participating providers and accept the Medicare assignment of benefits. Medicare patients will be responsible for deductibles, 20 percent coinsurance and/or non-covered charges when applicable. By signing this policy, the Medicare recipient requests payment of authorized Medicare benefits be made on patient's behalf for any services furnished by ING, including physician services.

Medigap/Secondary Insurance Authorization – Medicare recipient authorizes Indianapolis Neurosurgical Group, Inc. or its agent to release medical or other information to supplemental insurance in order to process all medical claims. A copy of this authorization may be used in place of the original. Medicare recipient requests payment of medical insurance benefits to Indianapolis Neurosurgical Group, Inc. for services provided.

Patient or Responsible Party

Date

Witness

Patient's Name

For office use only

ING Account # _____ Witnessed by: _____