

# Eric C. Drew, MD

## MD NEUROLOGY

### Patient Consent/Financial Policy

#### **WORKERS COMPENSATION & MOTOR VEHICLE ACCIDENTS**

Please be aware MD Neurology/Drew Neurology does not see cases related to Workers Compensation or Motor Vehicle Accidents. We are happy to refer you to another neurologist in the area.

#### **FINANCIAL POLICY**

We require payment in full for any amounts designated to be the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, and/or deductible amounts. If the amount collected at the time of service results in an overpaid claim, a refund will be processed within 30 days once all claims are settled and there is no payment due on any other claim or date of service.

#### **INSURANCE COVERAGE**

Please inform the receptionist of any type of insurance coverage you may have. You are responsible for knowing the specific rules of your insurance carrier. We are contracted (in-network) with several insurance carriers however, if we are not contracted with your insurance carrier, you may be required to pay a higher fee than if you were seen by a contracted (in-network) provider. It is your responsibility to pay any co-pay, co-insurance, deductible, or other non-covered amounts not paid by your insurance carrier at the time of service. Failure to present your current insurance information prior to services being rendered may result in denial of your claim and subsequent billing for unpaid services. Even though we are happy to assist you in receiving reimbursement from your insurance carrier, please understand that you, the patient, ultimately have the final responsibility for your bill.

#### **MANAGED CARE REFERRAL PROCESS**

Your plan may require a referral from your PCP to be on file with them before seeing a specialist. If a referral is required, it is your responsibility to work with your primary care physician to obtain this referral prior to your appointment. If MD Neurology/Drew Neurology is unable to verify your carrier has a referral on file, your appointment will be rescheduled or if you are seen without a valid referral, all charges will be the responsibility of you (the patient) or your legal guardian.

#### **PAYMENT OF POST VISIT BALANCES**

All post visit balances must be paid within 30 days of when the balance becomes the patient's responsibility and a statement from MD Neurology/Drew Neurology is received. An acceptable payment arrangement may be made in order to prevent outside collection activity. If your account becomes past due and we have to refer your account to a collection agency, a \$35 collection agency fee will be added to your outstanding balance.

***If you have any questions regarding your statement or outstanding balance you may contact our billing specialist at (972-221-6438)***

#### **COMPLETION OF OUTSIDE PAPERWORK**

MD Neurology/Drew Neurology will charge a Processing Fee of \$15.00 (+) \$5.00 per page to complete Outside Paperwork. This includes Disability Forms and FMLA Paperwork. Payment is required in advance and paperwork will not be processed until payment is received. Please allow one week for paperwork to be completed.

#### **AUTHORIZATION OF CARE**

I grant permission for MD Neurology/Drew Neurology to render such care that my physician may deem necessary in my diagnosis and treatment. I understand that such care may include medical treatment and minor surgical procedures.

#### **HIPAA NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been given or offered the MD Neurology/Drew Neurology HIPAA Notices of Privacy Practices.

Patient Name: \_\_\_\_\_

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Signature of Patient or Representative

Relationship to Patient

Date

\*If the patient is unable to sign this agreement or is a minor, I am entering into the agreement on behalf of and as the legally authorized representative of the Patient.