



# Tidewater Neurologists, Inc. & Sleep Disorder Specialists

PARTNERING FOR BEST SLEEP & BRAIN HEALTH

## FINANCIAL POLICY

Thank you for selecting **Tidewater Neurologists, Inc. and Sleep Disorder Specialists** 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.

All patients must complete our Patient Registration form and sign **all policies** before seeing the doctor. We also ask that you present your insurance card and a picture ID at each visit and notify us as soon as possible of any changes in your insurance coverage, address and/or telephone numbers. We would like to keep your patient information as current as possible.

- CO-PAYMENTS ARE DUE AT THE TIME OF SERVICE
- WE ACCEPT CASH / CREDIT CARDS /OR PERSONAL CHECKS  
(\*NOTE: \$40.00 FEE IS CHARGED FOR RETURNED CHECKS.)

### **IT IS THE PATIENT'S RESPONSIBILITY TO OBTAIN THE PROPER INSURANCE REFERRALS FOR ALL VISITS**

- INSURANCE CLAIMS ARE FILED AS A COURTESY TO OUR PATIENTS

#### **FILLING OUT FORMS:**

The charge for filling out forms brought in by patients are (example: employment, disability, life insurance, DMV, etc.)

- \$10.00 - for one (1) page form
- \$25.00 - for up to three (3) pages
- \$40.00 - for four (4) or more pages

The charges for filling out forms is the patient's responsibility and fees are collected before the patient can pick up the forms.

#### **MEDICAL RECORDS:**

We have contracted **HEALTH PORT** to copy and send out all requested medical records. If you have any questions about your records any member of our staff can give you Health Port's toll free phone number. There is a charge generated by Health Port for their services.

For Dr. Hemang Shah and Dr. Eric Goldberg's patients access to their medical records is available thru the Patient Portal at <http://patientportal.trimedtech.com/tidewaterneurologists>.

#### **PARTICIPATION (Insurance):**

Tidewater Neurologists, Inc. participate with most health insurance plans including Medicare and Medicaid in the Tidewater area. Each plan has unique rules and regulations that must be followed by patients and physicians. **Please familiarize yourself with the particular benefits and rules of YOUR health care plan, since the contract is between the Patient and their Insurance Carrier.** Below you will find short summaries of how our practice addresses the particular requirement of each patient according to their health insurance coverage. If you have questions about which summary is applicable to you and your health insurance plan, please call our office Monday thru Friday at (757) 686-9300 between 9:00am and 4:00pm.

#### **NOT PARTICIPATION (Insurance):**

If your insurance plan is one with which we are not a participating provider, you will be responsible for payment for your visit(s). As a courtesy we will file your insurance claim and have the payment sent directly to you. In the event that your insurance carrier pays directly to our office, we will refund the payment to you as soon as possible.

**INSURANCE REFERRALS:**

Certain health insurance plans (HMO) require that you obtain a referral from your Primary Care Physician (PCP) before visiting a Specialist's office. It is the patient's responsibility to acquire this referral and keep track of the number of visits allowed and the start and end date of this referral. Alternative payment arrangements or rescheduling of your appointment may be necessary if proper authorization or referral is not obtained.

**PRESCRIPTION REFILLS:**

**All refills** require at least 7 days advance notice to be approved by your Doctor and sent into your pharmacy. **Do not wait until you run out of your medication to call in for a refill.**

**WORKERS COMPENSATION:**

We require approval/authorization by your employer and/or your worker's compensation carrier and your Employer's first report of injury prior to your initial visit. If our claim is denied, you will be responsible for payment in full for all visits.

**PERSONAL INJURY:**

If you are involved in a personal injury lawsuit or claim, we will bill your medical insurance carrier. In the absence of medical insurance, you will be responsible for payment of services on day of service(s). Tidewater Neurologists, Inc. does not participate in litigation cases.

**SELF-PAY:**

Payment in full is expected at time of service.

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

(Please sign both places below:)

**FINANCIAL AGREEMENT**

I have read, understand and accept the above financial policy. In the event of non-payment by my insurance carrier for whatever reason, I understand I am responsible for the payment of the balance owed inclusive of any costs of collections, including collection agency fees and attorney fees of 33 1/3 percent of the amount past due and any court costs incurred to collect any amount that is past due.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**ASSIGNMENT OF BENEFITS**  
**AUTHORIZATION TO RELEASE MEDICAL RECORDS**

I authorize the release of any medical or other information necessary to process my insurance claim. I authorize payment of medical benefits directly to Tidewater Neurologists, Inc.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date