

Neurology Associates of Westchester, PLLC

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Hawthorne, NY 10532

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Financial Policy

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees and **your financial responsibility** with you at any time.

Patients must complete our information forms prior to seeing the doctor. We will request a photocopy of your insurance card (s) for your file. We will not be able to make a copy of your medical records so please be sure to bring a set for our records.

NO SHOW FEES-As a courtesy, we attempt to remind you of appointments, but please be advised that there will be a CHARGE/ FEE for all missed appointments that are not cancelled **at least 24 hours in advance**. Your time slot is given with tremendous thought and we have an extensive waiting list of patients that need to be seen.

PARTICIPATING INSURANCES-Please verify that we are a contracted provider with your managed care carrier. We have an updated list available but suggest that you call your carrier. If you are required to choose a primary care physician please call your insurance to choose a physician before your visit. Please understand your plan benefits and exclusions and know that you are responsible for any and all non-covered services.

REFERRALS-If your plan requires an insurance referral it is your responsibility to obtain it from your primary care physician and bring it at the time of the visit. If you do not have a valid referral we will be forced to reschedule your appointment until you have a valid specialty referral.

NON-PARTICIPATING INSURANCE-If our office does not have a participating agreement with your insurance carrier, payment is expected at the time of service. You will be given a paid itemized bill to submit for direct reimbursement.

MEDICARE-We are participating providers with Medicare. Medicare will send us 80% of their allowed fee. You will be responsible for the deductible, 20% coinsurance and any non-covered services. If you have secondary insurance we will bill only one time if it does not automatically cross-over from Medicare. At that point, if they do not pay the 20% coinsurance you will be billed automatically and payment is expected at that time. You can get in touch with your secondary insurance carrier for settlement of a particular claim. If you have no coinsurance we expect the 20% coinsurance/ balance and payment upon supplying you with a statement.

NO FAULT/WORKER'S COMPENSATION: All billing information must be provided prior to your visit; claim #, address, and agent. Private insurance must also be supplied. Should your benefits be denied, you will be billed and responsible for payment in full if your private insurance does not cover the visit. **We MUST also have your EMPLOYER NAME AND ADDRESS!**

CO-PAYMENTS AND BALANCES-Please be prepared to pay all co-pays and prior balances at the time of service. Exact change if paying cash is helpful to the staff for co-pays.

Your clear understanding of our financial policy is important. Please ask if you have questions regarding any of the above.