

Northtowns Neurosurgery PLLC Patient Financial Policy

1. **Insurance:** Failure to provide valid insurance information may require full payment until coverage is verified.
2. **Co-pays & Deductibles:** Co-pays, co-insurance, and deductibles are due prior to service. For surgery, deductibles must be satisfied beforehand. It's the patient's responsibility to know their insurance details.
3. **Credit Balances:** Credit balances over \$2 will be applied to other balances or refunded. Refunds of \$2 or less must be requested at the office.
4. **Non-covered Services:** Some procedures may not be covered by insurance. We'll assist with precertification, but you're responsible for any uncovered costs. Payment is due upon receipt of the bill.
5. **Statements:** Any remaining balance after insurance will be billed. Amounts under \$10 won't be billed but collected at the next service. Unpaid accounts after three notifications will be sent to collections with an additional 33% fee.
6. **Returned Checks:** I accept responsibility for any financial obligations incurred.

Patient Signature: _____ **Date:** _____

Patient will sign electronically at the first office visit. Keep this copy for your records.