Patient Financial Policy

KANSAS PEDIATRIC NEUROLOGY

It is the policy of Kansas Pediatric Neurology Center, LLC, to provide you with information related to our billing processes and your financial responsibilities as our patient. This policy helps us in our mission to provide you with exceptional medical care in the most cost-effective manner.

Things to bring with you to each visit:

1) Current insurance card(s)

2) Your preferred method of payment for any cost shares due at the time of service

Insurance Companies: Participation and Billing

1) While Kansas Pediatric Neurology participates with the majority of third-party insurance plans available in our area; it is your responsibility to verify that your physician is currently participating with your plan and that you have obtained **all necessary referrals PRIOR to your child scheduled appointment**. You are responsible to designate your child physician as the PCP with your insurance plan. Failure to do so may result in your responsibility for any incurred charges.

2) **You will be asked to provide your insurance card(s) at every visit**. This is to ensure that the information we have on file is correct, and that your plan is current. The Practice will submit claims to your primary and secondary insurance companies whether we participate or not, as a courtesy to you.

3) Except where my plan provides for automatic payment of benefits to the provider of services, I authorize payment of benefits, otherwise payable to me, for services rendered by Kansas Pediatric Neurology Center, LLC. I understand that I am ultimately responsible to the provider for charges not covered by my benefit plan.

4) Due to the wide range of insurance plans, we are unable to quote specific plan benefits. To fully understand your individual insurance plan, please contact your insurance company directly to discuss your plan's benefits.

Time of Service Payments

1) Co-payments, deductibles, and coinsurance are part of the contractual agreement between you and your insurance company. **Your insurance company requires us to collect your co-payment in full at the time of service.** If your plan also has a deductible and/or coinsurance that has not been met, we may collect a deposit (since we can only estimate the future amount due).
2) **I understand that balances are due when I receive a statement from Kansas Pediatric Neurology, LLC, or at my family's next appointment, whichever is sooner.**
3) Patients without medical insurance coverage (**self-pay patients**) are responsible for all charges that result from professional or medical services provided by our physicians. Payment is due when services are rendered unless other payment arrangements have been approved.

Collections

If I am not responding, not able or unwilling to cooperate or make a reasonable payment plan**, the practice reserves the right to consider delinquent patient accounts for external collection efforts in accordance with state and federal regulations**. If the patient's account is turned over to a collection agency, the patient will be dismissed from the practice.

By signing below, I acknowledge that I have read, understand, and accept the policy.

Print Name: ______________________ Date of Birth: ___/___/___

Signature: _______________________ Date: ___/___/___

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