



ANI FINANCIAL POLICY

Thank you for choosing Alamo Neurosurgical Institute 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. The following is a statement of our financial policy which we ask that you read, agree to, and sign prior to any treatment.

INSURANCE: Our physicians are providers for most major insurers. HMO insurers may require authorization from your primary doctor, prior to seeing a specialist. You must get that insurance authorization prior to your appointment with us to receive maximum benefits. We accept assignments for Medicare. We will file with MVA/auto insurance on a case by case basis, but we do not accept attorney "Letter of Protection" unless prior arrangements are made with our account manager.

COPAYS: Your co-pay and deductible are due at the time of service.

USUAL AND CUSTOMARY CHARGES: Our practice is committed to providing the best treatment possible for our patients. We charge usual and customary fees for the services that we provide, however our fee schedule may differ from the usual and customary charges that your insurance company has approved. While every effort is made to work with your insurance company to limit the amount you may owe, you are responsible for paying the remainder of the balance that the insurance does not pay.

SURGERY FINANCIAL ARRANGEMENT: Many patients referred to Alamo Neurosurgical Institute require surgical treatment. If surgery is indicated, we will pre-certify your surgery with your insurance carrier. The patient portion of the services is payable upon receipt of initial bill unless other arrangements have been made. In the event that your insurance fails to cover the charges for the services rendered, you may be responsible for some or all of the charges.

ASSIGNMENT OF BENEFITS: I hereby assign to Alamo Neurosurgical Institute and insurance or other third-party benefits available for health care services provided to me. I understand that Alamo Neurosurgical Institute has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Alamo Neurosurgical Institute, I agree to forward to the practice all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

ADDITIONAL DOCUMENTS AND FORMS: The following additional documents/forms will acquire a prepaid fee for the services rendered. Documents/Forms will not be filled out until prior payment in full has been made. Please see below fees.

- **Short and Long Term Disability Forms - \$50.00**
- **Injured Employee Counsel Documents - \$50.00**
- **Copy of Medical Records - \$18.00**
- **Additional Narrative Reports - \$500.00**

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

I have read, understand, and agree to the above stated financial policy.

Patient Name

Patient Signature

Date