



Focus Neurohealth Financial Policy

At Focus Neurohealth, we strive to provide comprehensive healthcare services while maintaining transparency in our billing processes. To avoid any confusion or misunderstanding, we would like to clarify our payment policy:

Financial Policy

- **Payment Responsibility:** We require full payment of any amounts designated as the patient's responsibility at the time services are rendered. This may include co-pays, co-insurance, and/or deductible amounts.
- **Estimated Amounts:** Often, we collect an estimated amount due at the time of service. Once your claim is processed by your insurance carrier, any additional amounts owed will be billed to you.
- **Overpayment and Refunds:** In the event that the estimated amount paid results in an overpaid claim, a refund will be processed. However, this will only occur once all claims are settled and there is no payment due on any other claim or date of service.

Non-Contracted Insurance Carrier(s)

- **Insurance Contracts:** We have contracts with numerous insurance carriers. However, in the event that we are not contracted with your specific insurance carrier, you will be required to make full payment at the time of service.
- **Filing a Claim:** In such cases, we will provide you with all the necessary information to file a claim directly with your insurance carrier for possible reimbursement.

Insurance Coverage

- **Insurance Contracts:** We have contracts with a variety of insurance companies. These contracts may cover part or all of your services, depending on the specifics of your plan.
- **Informing Reception:** It is essential that you inform our receptionist about your insurance coverage before services are rendered. This will enable us to process your claims correctly.
- **Knowing Your Insurance Rules:** It's your responsibility to understand the specific rules of your insurance company, including aspects like network physician's participation, pre-certification, second opinions, follow-ups, and coverage and benefit exclusions. Your primary care physician can often assist you with this.
- **Co-pay, Deductible, Coinsurance, Non-covered Amounts:** Please be aware that you are responsible for paying any co-pay, deductible, coinsurance, or non-covered amounts not paid by your insurance company, prior to receiving services.
- **Final Benefit Determination:** Your insurance carrier will make the final benefit determination once a claim is received in their office. Failure to present your current insurance information prior to services being rendered may result in denial of your claim and subsequent billing for unpaid services.
- **Billing Responsibility:** While we assist you in receiving maximum benefits from your insurance carrier, please understand that you, the patient, ultimately have the final responsibility for your bill.

Non-Insurance Payment

- **Payment Timeline:** If your insurance carrier does not issue payment within 90 days from the date services are provided, the entire balance will become your responsibility. This rule does not apply to government and HMO payors.
- **Medicare Claims:** For patients with Medicare, if you have an executed Waiver of Liability, the responsibility of payment will transfer to you at the time of Medicare's processing of your claim.
- In both scenarios, we will continue to assist you in resolving your claim with your insurance carrier. However, we encourage you to actively follow up with your insurance provider to expedite the payment process.

Managed Care Referral Process

- **Managed Care Plan Coverage:** If your healthcare coverage is provided by a managed care plan, our staff may need to obtain a referral before scheduling your appointment.
- **Obtaining Referrals:** If your insurance plan requires a referral for specialist visits, it is your responsibility to collaborate with your primary care physician to secure this referral before scheduling your appointment with us at Focus Neurohealth.
- **Avoiding Out of Pocket Expenses:** Understanding the specifics of your insurance plan is essential to prevent unexpected out of pocket expenses for medical treatment.
- **Charges without Valid Referral:** Please be aware that if you are seen by a physician at Focus Neurohealth without a valid referral, all charges will be billed directly to you or your legal guardian.

Payment Arrangements

- **Payment Arrangements:** All payment arrangements made prior to the date of service are calculated based on the closest possible estimate of patient responsibility. However, please be aware that these pre-arranged payment agreements may need to be modified upon insurance processing.
- **Default on Payment Arrangements:** If a payment arrangement is defaulted following the processing of insurance payment, the following steps will be taken:
- **First Default:** You will receive three internal collection letters prior to any outside collection activity. This is to provide ample opportunity to settle any outstanding balances.
- **Subsequent Defaults:** In the event that a previously defaulted patient resumes payments and defaults again, they will receive one notice prior to outside collection activity.

Payment of Post-Visit Patient Balances

- **Payment of Past-Due Balances:** All past-due balances and balances above original point-of-service estimates must be paid within 30 days of when the balance becomes your responsibility.
- **Payment Arrangements:** If needed, we are open to discussing an acceptable payment arrangement with you to prevent outside collection activity.
- **Late Payment Penalties:** Please be aware that if your account becomes past due and is not settled within 30 days of the initial statement, we will apply a \$15.00 monthly statement fee to your outstanding balance.
- **Collection Activity:** If we are unable to resolve the past-due balance and have to refer your account to a collection agency, an additional \$50 collection agency fee will be added to your outstanding balance.