



Anchorage Neurosurgical

ASSOCIATES INC.

BRAIN | SPINE | NERVES | EST. 1981

ANCHORAGE NEUROSURGICAL ASSOCIATES, INC.

3831 Piper Street, Suite S450 | Anchorage, Alaska 99508 | Phone (907) 258-6999 | Fax (907) 258-6247

PATIENT FINANCIAL POLICY

Thank you for choosing Anchorage Neurosurgical Associates, Inc. ("ANAI") as your health care provider. We are committed to providing you with quality neurosurgical care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify ANAI if any patient information changes (i.e., name, address, telephone, insurance information, etc.).

Usual and Customary. ANAI is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Insurance. We are currently contracted with most major insurance plans, including Medicare. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. To make payments convenient we accept cash, checks, Visa, Master Card, and American Express. The charge for a returned check is \$35, payable by cash. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

Non-covered services. Please be aware that some (or all) of the office visit or surgery services you wish or need to receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of insurance. All patients must complete our Patient Demographic form before seeing the provider. We must obtain a copy of your driver's license or other valid ID and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. As a courtesy, we will submit your insurance claims (except for third-party insurers) and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.

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Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Third Party Insurance. ANAI does not submit claims to motor vehicle accident (MVA) or other third- party insurers. Please notify our billing department if you are covered by third-party insurance and we will instruct you how to handle those claims.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Nonpayment. ANAI will send monthly statements to patients with account balances. If your insurance company does not pay your claim within 90 days of the claim being submitted, the balance will automatically be billed to you. If payment in full is not received from the insurance company and/or the patient by the end of the third month following the date of service and/or submittal of the claim to the insurance company, ANAI's billing department will attempt to reach the non-paying patient by telephone. An account that becomes more than 120 days past due will be turned over to a collection agency after ANAI mails a collection notice to the patient's mailing address on file, unless payment is received within that 30-day period. Once ANAI transfers an account to the collection agency, the non-paying patient must deal with the collection agency instead of us. Unless the patient provides documentation demonstrating a financial hardship or ANAI and the patient agree on a payment plant, ANAI may discharge a non-paying patient from our practice after sending notification that the patient has 30 days to find alternative neurosurgical care. During that 30-day period, ANAI will treat the non-paying patient on an emergency basis.

Self-Pay Accounts. Self-pay accounts are patients without insurance coverage, patients with third-party insurance, and patients who wish to receive services that are not covered by their insurance plans. It is always the patient's responsibility to know if our office is participating with the patient's insurance plan. Please ask to speak with ANAI's billing department to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide our patients with the best care possible and the least amount of stress.

Minors. The parent(s) or guardian(s) is responsible for providing accurate and complete insurance information and for payment in full of deductibles, co-pays, and any balances not paid by insurance.

Thank you for understanding and acknowledging our Patient Financial Policy. Please contact our billing department if at any time you have any questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Date

Signature of Patient or Responsible Party