CSNA
Colorado Springs Neurological Associates
Comprehensive Neurosciences

Penrose Pavilion
2312 N. Nevada Ave. 719-473-3272 **PH**
Suite 100 719-389-1188 **FX**
Colorado Springs, CO 80907 www.csneuro.com

PATIENT FINANCIAL POLICY

Welcome to our practice. We are committed to giving you the best medical care. In return, we expect that you have the same commitment to your medical care and your financial responsibility associated with this care.

As a courtesy, CSNA will file your insurance claim, however, it is your responsibility to know your insurance company's requirements. Please verify with your insurance company that the doctor you are scheduled to see is participating with your insurance. We accept cash, checks, credit cards (Visa, Mastercard, and Discover), and Care credit. **A $20.00 service charge is assessed for all returned checks.** Any accounts not paid in full within 60 days of your first statement may be considered for collections and subject to applicable fees.

AUTO We will bill your auto insurance for you; however, your auto insurance may not pay us directly. If direct payment is not received, you are responsible for payment.

CONTRACTED HMOs & PPOs You are responsible for any applicable deductibles or coinsurance amounts. Co-payments are due at the time of service. Services not covered by your plan will be billed to you. Referrals are your responsibility. If a referral is not in place, your appointment will be rescheduled.

INSURANCE WE DO NOT PARTICIPATE WITH As a courtesy we will file your insurance for you. If your insurance has not paid within 60 days, you will be expected to pay your account in full.

MEDICAID A referral from your primary care physician and a copy of your current card are required before services can be provided. If either or both are missing, your appointment will be rescheduled.

WORKERS COMPENSATION If your injury is work-related, we need the carrier's name, address, and case number prior to your visit. If you do not provide us with this information, you will be responsible for the charges incurred at the time of service. If this is a Federal workers compensation claim, please provide us with the Letter of Acceptance at the time of your appointment.

ANCILLARY SERVICES With the numerous managed care plans and the ever-changing participating providers for radiology, laboratory, surgery centers, physical therapy, and hospitals, it will be your responsibility to know which facility you are required to use. If you are unsure, call your insurance company.

RELEASE OF INFORMATION I hereby authorize the release of medical records and/or statement of account to my insurance company to determine benefits for services rendered. I also authorize the above listed provider to send appeals, reconsiderations, or dispute claims with payers directly on my behalf.

ASSIGNMENT OF BENEFITS I hereby authorize direct payment for medical, surgical, and/or behavioral services to CSNA. This authorization will remain in effect until revised by me in writing. A copy of this authorization will be considered as valid as the original. I understand that I am financially responsible for all charges, surcharges, and attorney fees, regardless of if they are paid by my insurance. I hereby authorize the above listed provider to release all the information necessary to secure payment.

Co-pays are due at time of service.

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NO SHOW/LATE CANCELLATION We understand that there are times when you must miss an appointment due to an emergency or a last-minute obligation to work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting needed treatment. We will confirm your appointment 3 days and 1 day in advance. If your schedule changes, please call our office 48 hours prior to your appointment time to cancel.

MEDICAID & VETERANS ADMIN

Patients with Medicaid or VA as their primary insurance are granted two no-show/late cancellation appointments. Missed appointments with any CSNA practice provider thereafter will result in a discharge from the entire practice, and a letter of your discharge and/or noncompliance will be sent to both your referring provider and your insurance plan. Your future benefits could be impacted but will be determined by your insurer.

ALL OTHER INSURERS

If your appointment is not canceled at least 48 hours in advance or if you fail to show up for your scheduled appointment, you will be charged a fee, the amount depending on the department's specialty and visit type.

Office Visit:	**Neurology - $75.00**
	Neuropsychology - $250.00
	Occupational/Physical Therapy -$50.00
Procedures:	**EMG - $150.00**
	Botox - $100.00
	Qutenza - $100.00
	Surgery - $250.00
	MRI - $200.00 (Per individual scan scheduled)

*These fees will **NOT** be covered by your insurance company* and will be required to be paid before you can schedule your next visit. Please be aware two no-show appointments with any CSNA practice provider within a rolling twelve-month period may result in a dismissal from our entire practice for one year from the date of the last no-show.

You may leave a voice message at any time, send a message through MyChart, or send us an email at www.csneuro.com that you need to cancel or reschedule your appointment.

AUTHORIZATION

I have read and understand the above Patient Financial Policy and No Show/Late Cancellation Policy. I agree to all stipulations and accept responsibility for all applicable fees mentioned within.

Electronically signed and dated by patient or representative from within the patient's Centura EPIC Medical Record.